





# The Path to Multi-Cancer Screening

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# About Us



# of employees  
750



Headquarters  
Redwood City, CA



CEO  
Helmy Eltoukhy, PhD



Year Founded  
2013

**Guardant Health**  
is a leading precision  
oncology company  
dedicated to helping  
conquer cancer through  
our proprietary blood  
tests, vast data sets,  
and advanced analytics

# LUNAR™

To develop affordable multi-cancer assays for early detection and recurrence monitoring



Lung



CRC



Breast



Ovarian

THE UNIVERSITY OF TEXAS  
**MD Anderson**  
Cancer Center

 Memorial Sloan Kettering  
Cancer Center

**UCSF**  
University of California  
San Francisco

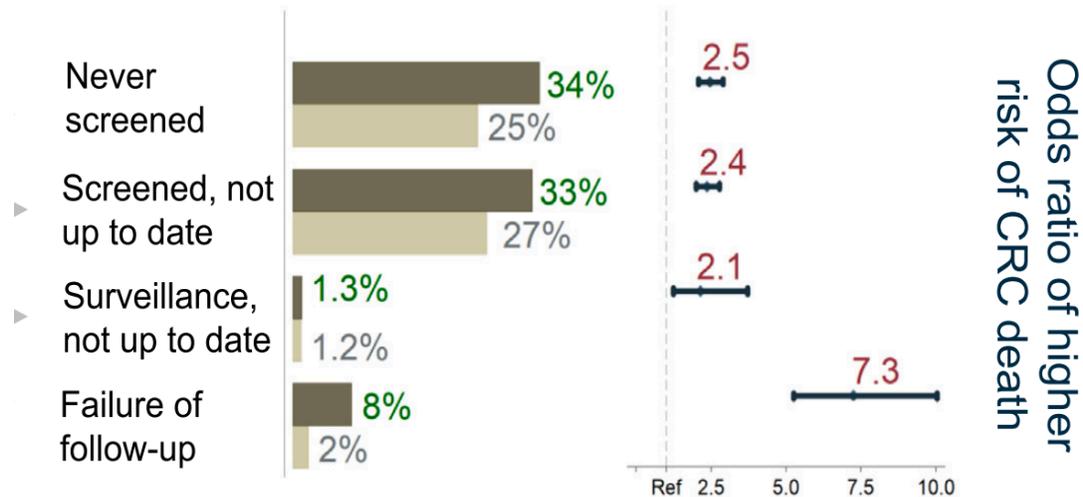
 Wake Forest®  
Baptist Medical Center

 MGH  
1811  
MASSACHUSETTS  
GENERAL HOSPITAL

 University of Colorado  
Anschutz Medical Campus

# Why is screening so important in CRC?

## Individual failure types

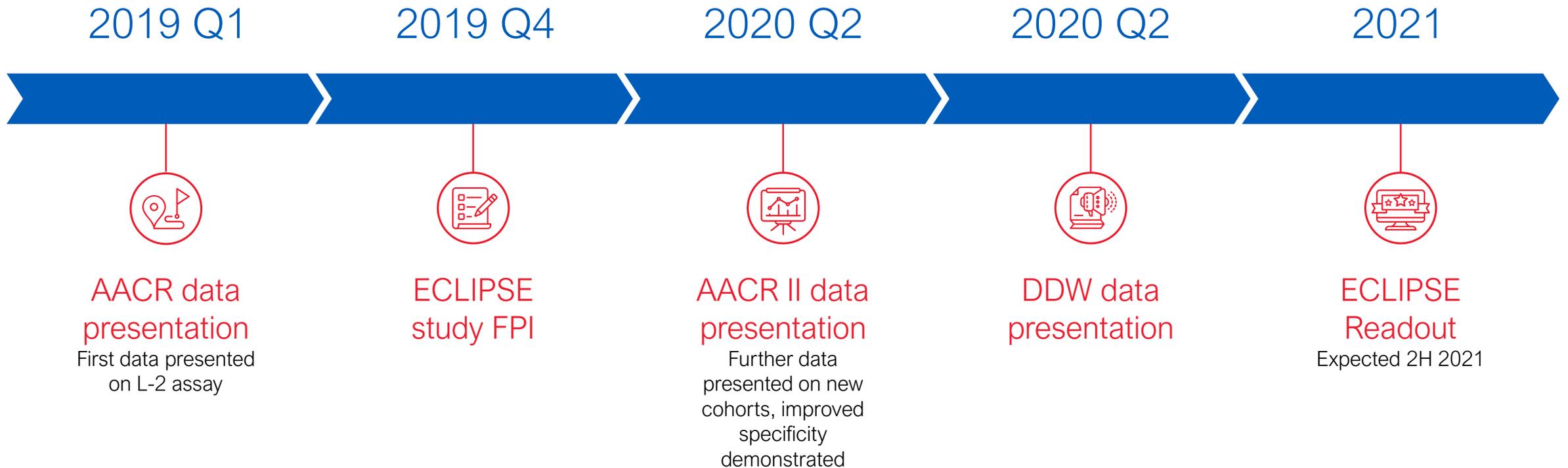


- For the unscreened population – the risk of death from CRC was 2.5 times higher than for the screened population
- There remains significant unmet medical need in ensuring that the screen-relevant population remains up-to-date with screening for CRC

Being 'up-to-date' with screening reduced CRC death risk by 64%

# GH Timeline to blood-based CRC screening

The development of our CRC screening assay including data readouts and clinical trials



# LUNAR test: Diverse sources of signal motivate multimodal analysis of ctDNA

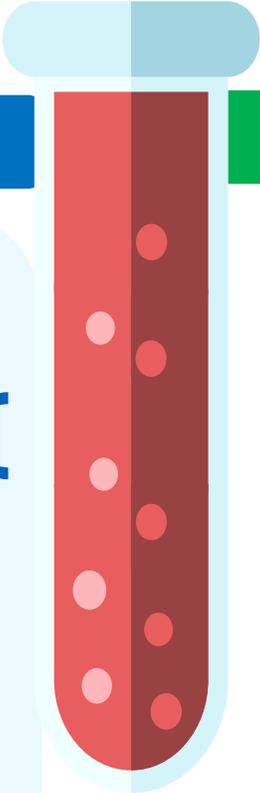
## Genomic Alterations

ACTACGTACCTG

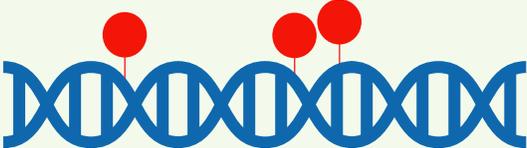


### Genomic Alterations

- SNVs, InDels, Fusions, and CNVs

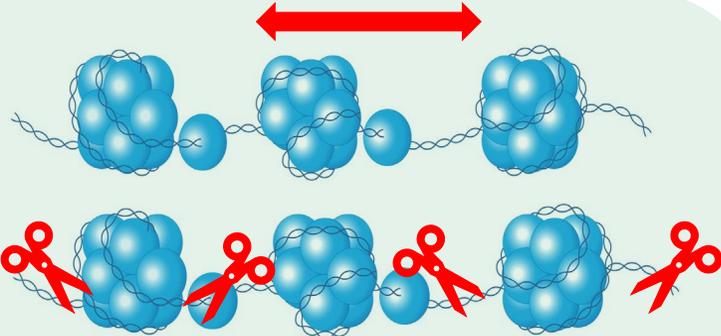


## Epigenomic Alterations



### Methylation

- Aberrant methylation signals in tumor vs benign tissues



### Nucleosomal Positioning & Fragmentomics

- ctDNA has differential fragment genomic position via nucleosomal positioning or epigenomic alterations at transcription factor binding sites

Kim (Talasaz), 2019. American Association for Cancer Research Annual Meeting. Abstract #916.

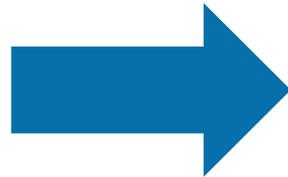
# Technical challenges in cancer screening: negative controls

# Specificity Improves from 89% to 94% When Tested on Colonoscopy Screened Negative Controls

## Training

Training set:

- 71 Self declared cancer free controls
- 38 colorectal cancer cases

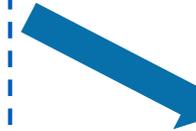


Trained genomic and epigenomic models and a calling threshold set to target 90% specificity on training self-declared cancer free controls



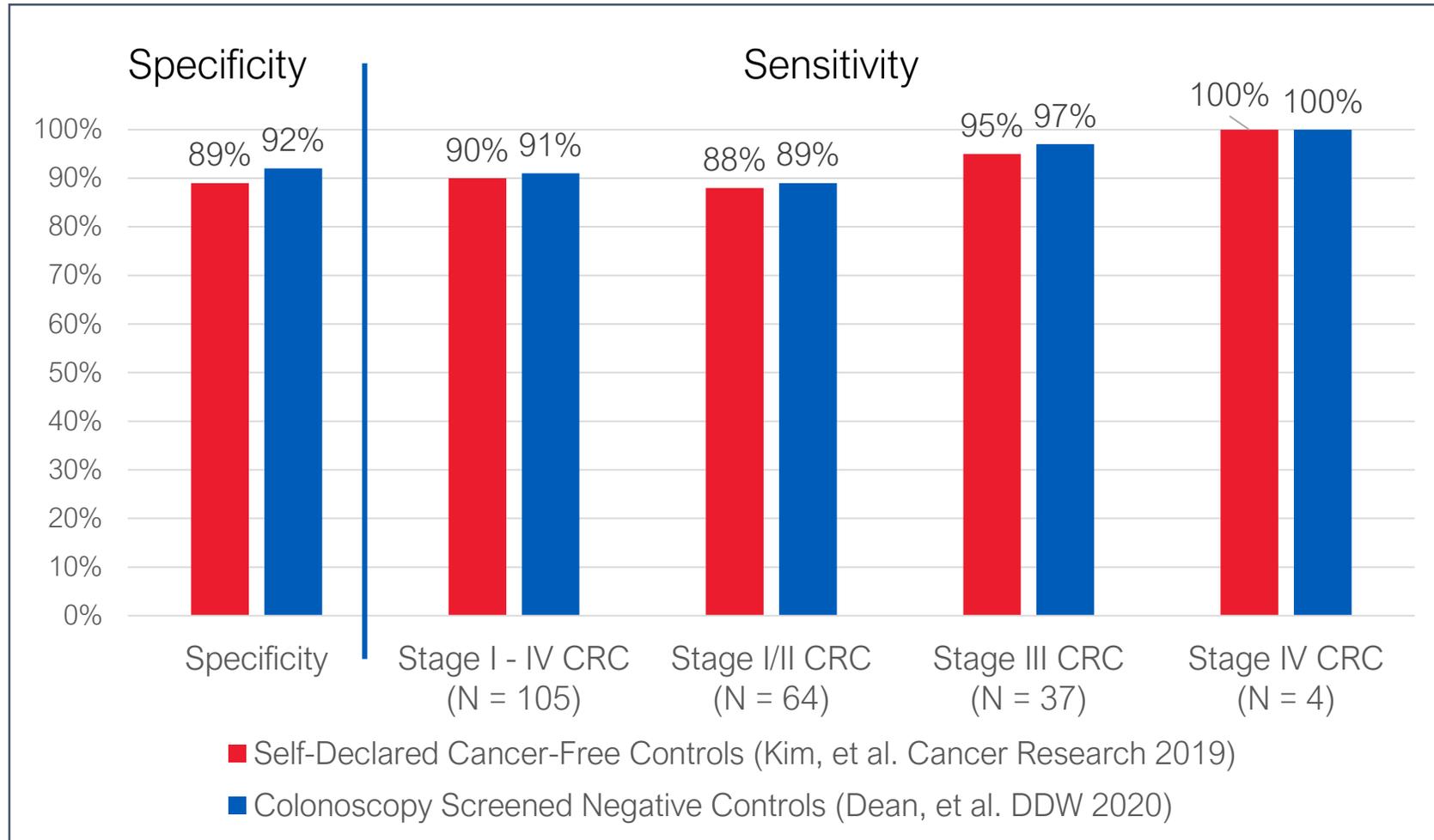
## Testing

89% Specificity (111/125)  
when tested on **self-declared cancer free**



94% Specificity (174/185)  
when tested on **colonoscopy screened negative**

# Colonoscopy-Screened Negative Controls Resulted in Improved Model Performance over Self-Declared Cancer Free Controls



C

## Compliance

- Critical factor in screening
- The most sensitive test is the one that gets done
- Two elements of compliance and two participants
  - Knowledge and completion
  - Doctor and patient

C

## Capacity

- Aging populations, more screening required
- Colonoscopy capacity is already stretched, more so by COVID
- Non-invasive options allow for triage to invasive procedure in most developed healthcare economies

# The 4 C's of Colorectal Cancer Screening

## Choice

- Shared decision making is crucial
- Patients are becoming more educated and informed about their choices
- Burdensome testing is viewed negatively

## Cost

- Critical factor
- Cost of test often underestimates true cost of a completed screening event
- Health economic modelling approaches should be critical to guideline committee approvals
- Legislative approaches to reduce out of pocket costs for all screening modalities will be critical

C

C

# Key points for developing screening tests

The road is neither easy nor fast, collaboration and novelty is required

01

## Efficacious technology

Innovative technologies in development include NGS, proteomics and others.

02

## Clinical trial execution

Regulatory and evidentiary requirements for screening products are high. A high bar.

03

## Legislative and payer evolution

The approaches of the past may not serve the solutions of the future and should adapt.

04

## Guideline adoption

Increasing complexity in guideline groups and approaches, standardization considerations.



# 5 minute Q&A

SC Chair/Co-Chair

feed Zoom Q&A to presenter and Track Time

NCI and Production Team

flag Q&A, answer Chat and Slack