clonoSEQ® By Adaptive

Multiple myeloma. CLL. B-ALL. It's a journey.

PINPOINT WHERE YOUR BLOOD CANCER STANDS WITH clonoSEQ®.

Minimal residual disease (MRD) is one of the strongest predictors of outcomes in multiple myeloma, CLL, and B-ALL

What is MRD?

MRD refers to the number of cancer cells that can stay in the body during and after treatment. These cells are at such low levels that they do not cause any physical signs or symptoms. But that doesn't mean the cancer is totally gone.[1]

Therefore, your doctor needs very precise options, like clonoSEQ, to help measure MRD and assess your response to treatment over time.[1-5]

When your MRD status shifts, you may find the course of your blood cancer journey changes as well.

Why does MRD matter?[1-5]

Today, new treatments are helping patients like you live longer than ever before. If you are a candidate for clonoSEQ, reliable and precise MRD testing with clonoSEQ can:

- Tell you how much cancer is detected when it's present at a very low level
- Help your doctor measure response to treatment
- Help you and your doctor understand your prognosis now or at any point in your disease journey[1]
- Support shared decision-making about your future treatment plans

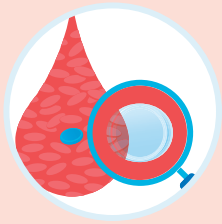
What is clonoSEQ?[1]

clonoSEQ is a test that measures MRD, helping you monitor, manage, and move forward with your blood cancer care.

DID YOU KNOW?

clonoSEQ can detect 1 single cancer cell among a million healthy cells[1]

(provided sufficient sample material)



With clonoSEQ, you and your doctors can:

Monitor your cancer by assessing treatment response and detecting changes in disease burden[1]

Manage decisions with an ongoing understanding of your long-term outcomes[1]

Move forward with confidence when planning for all of life's moments

References to "cancer" refer specifically to multiple myeloma, CLL, and B-ALL. References to "sample" refer to bone marrow from patients with multiple myeloma or B-ALL and bone marrow or blood from patients with CLL. Talk to your doctor about your options if you have another type of blood cancer and are interested in MRD testing.

Can knowing your MRD status help you manage decisions along your cancer journey?

Monitoring MRD to detect changes in your disease can show how well your treatment plan is working. Knowing your MRD status, together with other clinical information, can help inform future decisions at key points in your care, such as:

FOR MULTIPLE MYELOMA	• At initial diagnosis to identify cancer cell DNA (Clonality ID Test)[6] • After induction therapy[6] • After stem cell transplant (if you receive it)[6] • After consolidation therapy (if you receive it)[6] • During maintenance therapy and beyond[6] • Regular testing with clonoSEQ can also help you know if your cancer has returned so you can treat it immediately
FOR CLL	• At initial diagnosis[7] to identify cancer cell DNA (Clonality ID Test). clonoSEQ also analyzes your IGHV mutation status, an important factor in how well you may respond to certain treatments • During therapy[7] • Following therapy[7] • Periodically[7]: regular tests to check for MRD can inform you and your doctor whether your cancer is starting to grow again
FOR B-ALL	• At initial diagnosis[8] to identify cancer cell DNA (Clonality ID Test) • After induction therapy[8] • After consolidation therapy[8] • After stem cell transplant[8] • During maintenance therapy and beyond[8] • Your doctor may want to continue frequently monitoring MRD status with clonoSEQ, whether or not you are on maintenance therapy so if cancer returns, it can be treated immediately

SCAN ME

If you have multiple myeloma, CLL, or B-ALL, talk with your doctor to begin pinpointing where you are with clonoSEQ and come up with a plan that works for you. Please visit clonoSEQ.com/patients

clonoSEQ® is an FDA-cleared test used to detect minimal residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). CLL Clonality (ID) Tests will also produce an IGHV status result, which is provided as a CLIA-validated laboratory developed test (LDT) but which has not been cleared or approved by the FDA. Additionally, clonoSEQ is available for use in other lymphoid cancers and specimen types as a CLIA-validated LDT. For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.

1. clonoSEQ®. [technical summary]. Seattle, WA: Adaptive Biotechnologies; 2020. **2.** Pulsipher M, et al. *Blood*. 2015;125(22):3501-3508. **3.** Wood B, et al. *Blood*. 2018;131(12):1350-1359. **4.** Perrot A, et al. *Blood*. 2018;132(23):2456-2464. **5.** Thompson P, et al. *Blood*. 2019;134(22):1951-1959. **6.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V.4.2022 © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed Jan 6, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org.* **7.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma V.1.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed Jan 6, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org.* **8.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Acute Lymphoblastic Leukemia V.3.2021 © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed Jan 6, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org.*

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