clonoSEQ®

Measure as wisely

as you treat.

As therapeutic approaches continue to advance, the ability to effectively measure disease burden is more important than ever. Look to clonoSEQ MRD testing for clarity across the treatment continuum.

What is measurable residual disease (MRD)?

MRD refers to the small number of cancer cells that may remain in a patient's body during and after treatment. clonoSEQ helps detect, quantify, and assess disease burden across the care continuum.

Why monitor MRD?

New therapies are helping more patients achieve deeper responses than ever.¹⁻³ However, current assessment tools often cannot detect small but significant amounts of residual disease, which can be the source of relapse.²⁻⁴

The unmatched sensitivity of clonoSEQ reveals even subtle changes in disease burden to help inform timely treatment decisions.

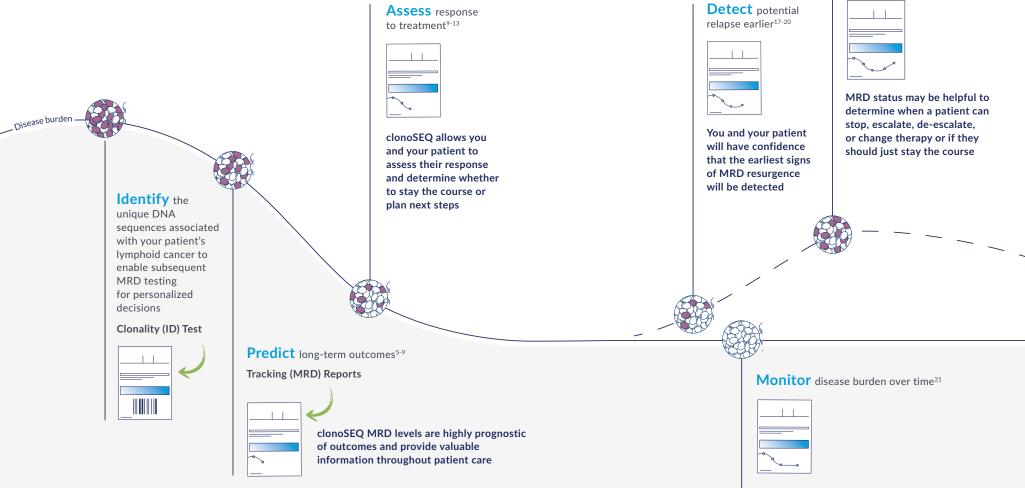
Precisely monitoring disease burden with clonoSEQ can help you personalize treatment approaches for patients with multiple myeloma (MM), DLBCL, CLL, ALL, MCL, and other lymphoid malignancies

Actionability through enhanced clarity across the treatment continuum

There are peaks and valleys in a patient's blood cancer journey. The dynamics of their disease demands a vigilant approach.

Serial MRD monitoring with clonoSEQ provides actionable information over the course of your patient's treatment.

clonoSEQ can complement other measurement tools with a simple blood-based test that offers a clear view of disease burden^{9,12,14-16}



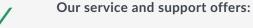
Be confident you can see subtle changes in disease burden in your patients who are on or off therapy

Inform changes in treatment as needed^{9-13,22}

clonoSEQ®

Adaptive Assist[™] Patient Support Program

Helping patients access the clinical insights of clonoSEQ MRD testing



- National Medicare coverage for MM, B-ALL, CLL, and DLBCL
- Prior authorization management, with coverage by most commercial insurances
- Upfront out-of-pocket cost estimates and assistance for qualifying patients

 $\ensuremath{\,^*\text{Prior}}$ to enrolling in the Adaptive Assist Patient Financial Assistance Program.





of patients pay

\$0 for clonoSEO^{23*}

clonoSEQ—translate greater clarity into increased actionability across the treatment continuum <u>Click here</u> to learn more about clonoSEQ testing

Predict long-term outcomes⁵⁻⁹
Assess response to therapy⁹⁻¹³
Inform changes in treatment^{9-13,22}

- Monitor disease burden over time²¹
- Detect potential relapse early¹⁷⁻²⁰
- Complement other monitoring tools^{9,12,14-16}

Measure your patient's disease burden as vigilantly as you manage their cancer

clonoSEQ® is available as an FDA-cleared in vitro diagnostic (IVD) test service provided by Adaptive Biotechnologies to detect measurable 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). Additionally, clonoSEQ is available for use in other lymphoid cancers and specimen types as a CLIA-validated laboratory-developed test (LDT). To review the FDA-cleared uses of clonoSEQ, visit clonoSEQ.com/technical-summary.

References

Molica S, et al. *Clin Lymphoma Myeloma Leuk*. 2019;19(7):423-430. 2. Kumar S, et al. *Lancet Oncol*. 2016;17(8):e328-e346. 3. Akabane H, et al. *Clin Adv Hematol Oncol*. 2020;18(7):413-422. 4. Martinez-Lopez J, et al. *Blood*. 2014;123(20):3073-3079. 5. Perrot A, et al. *Blood*. 2018;132(23):2456-2464. 6. Kovacs G, et al. *J Clin Oncol*. 2016;34(31):3758-3765. 7. Al-Sawaf O, et al. Paper presented at: the 62nd ASH Annual Meeting and Exposition; December 5-8, 2020; virtual. Abstract 127.
Short NJ, et al. *Blood Adv*. 2022;6(13):4006-4014. 9. Frank MJ, et al. *J Clin Oncol*. 2021;39(27):3034-3043. 10. Costa LJ, et al. *Lancet Haematol*. 2023;10(11):e890-e901. 11. Costa LJ, et al. Poster presented at: the 64th ASH Annual Meeting and Exposition; December 10-13, 2022; New Orleans, LA. Poster 3227.
Thompson PA, et al. *Blood*. 2019;134(22):1951-1959. 13. Pulsipher MA, et al. *Blood Cancer Discov*. 2022;3(1):66-81. 14. Vij R, et al. *Clin Lymphoma Myeloma Leuk*. 2014;14(2):131-139.e1. 15. Muffly L, et al. Blood Adv. 2021;5(16):3147-3151. 16. Muffly L, et al. Paper presented at: the 62nd ASH Annual Meeting and Exposition; December 10-2021;8(12):e879-e890.
Locan AC, et al. *Biol Blood Marcow Transplant*. 2014;20(9):1307-1313. 20. Roschewski M, et al. *Lancet Oncol*. 2015;16(5):541-549. 21. Ching T, et al. *BMC Cancer*. 2020;20(1):612. 22. Munshi NC, et al. Paper presented at: the 64th ASH Annual Meeting and Exposition; December 10-13, 2022; New Orleans, LA. Abstract 2030.
Data on file. Adaptive Biotechnologies. 2023.

