

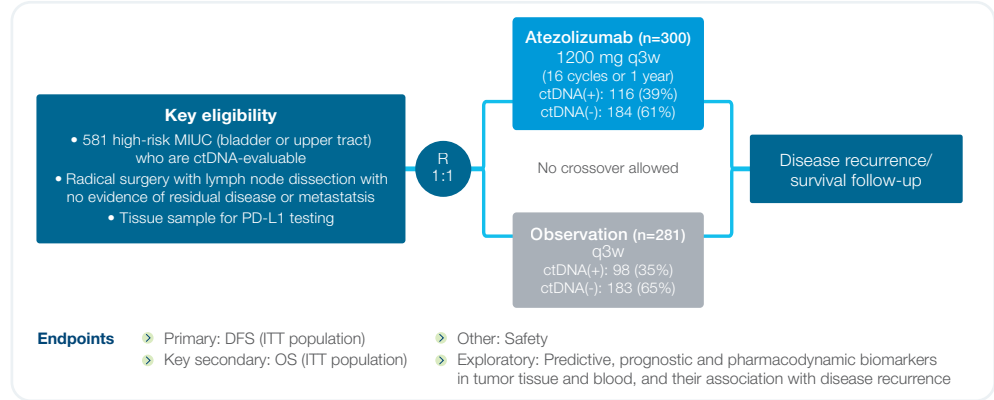


IMvigor010: The predictive value of ctDNA in the post-surgical setting¹

Nature 2021: cDNA guiding adjuvant immunotherapy in urothelial carcinoma

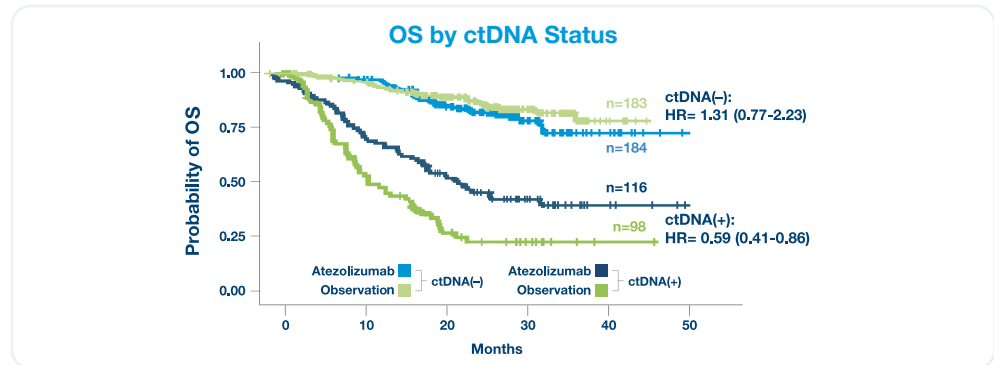
IMvigor010 Trial Design¹

IMvigor010 is the first randomized, phase III, global registrational study, in high-risk, muscle-invasive bladder cancer (MIBC). Patients who received radical surgery were randomized 1:1 to atezolizumab or observation. The trial did not meet its primary endpoint of disease-free survival. A prespecified cDNA marker analysis was performed on the intent-to-treat (ITT) population with Signatera™ at the post-surgery and the 6-week on-treatment timepoints.



Signatera™ ctDNA-positivity after surgery was predictive of adjuvant immunotherapy benefit¹

- There was a 42% decreased risk of recurrence (DFS, HR 0.58, p=0.0024) and a 41% survival benefit in ctDNA-positive patients treated with atezolizumab (OS, HR 0.59).
- No treatment benefit was detected in 63% of ctDNA-negative patients.
- Over 75% of patients with detectable ctDNA post-surgery in the observation arm recurred by 20 month follow up.

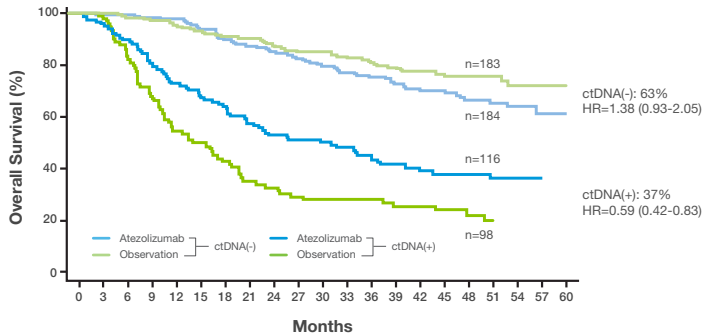




IMvigor010 extended follow-up: Predictive value of Signatera™ ctDNA status confirmed at 46.8-month median follow-up (OS, HR=0.59)²



Extended follow-up published in European Urology²



Key findings

- 37% of patients were ctDNA-positive at C1D1
- ctDNA-positive patients achieved longer OS with atezolizumab versus observation (median OS: 29.8 mo vs 14.1 mo; HR 0.59)
- ctDNA-negative patients had similar OS between arms (HR 1.38)

Signatera™ can be run at any time point on the core biopsy or surgical resection and is covered by Medicare and a growing number of commercial payers for MIBC patients and any patient being treated with immunotherapy.

Learn more at natera.com/oncology



References: 1. Powles T, et al. *Nature*. 2021;595(7867):432-437. <https://doi.org/10.1038/s41586-021-03642-9>. 2. Powles T, et al. *European Urology*. 2023; <https://doi.org/10.1016/j.eururo.2023.06.007>