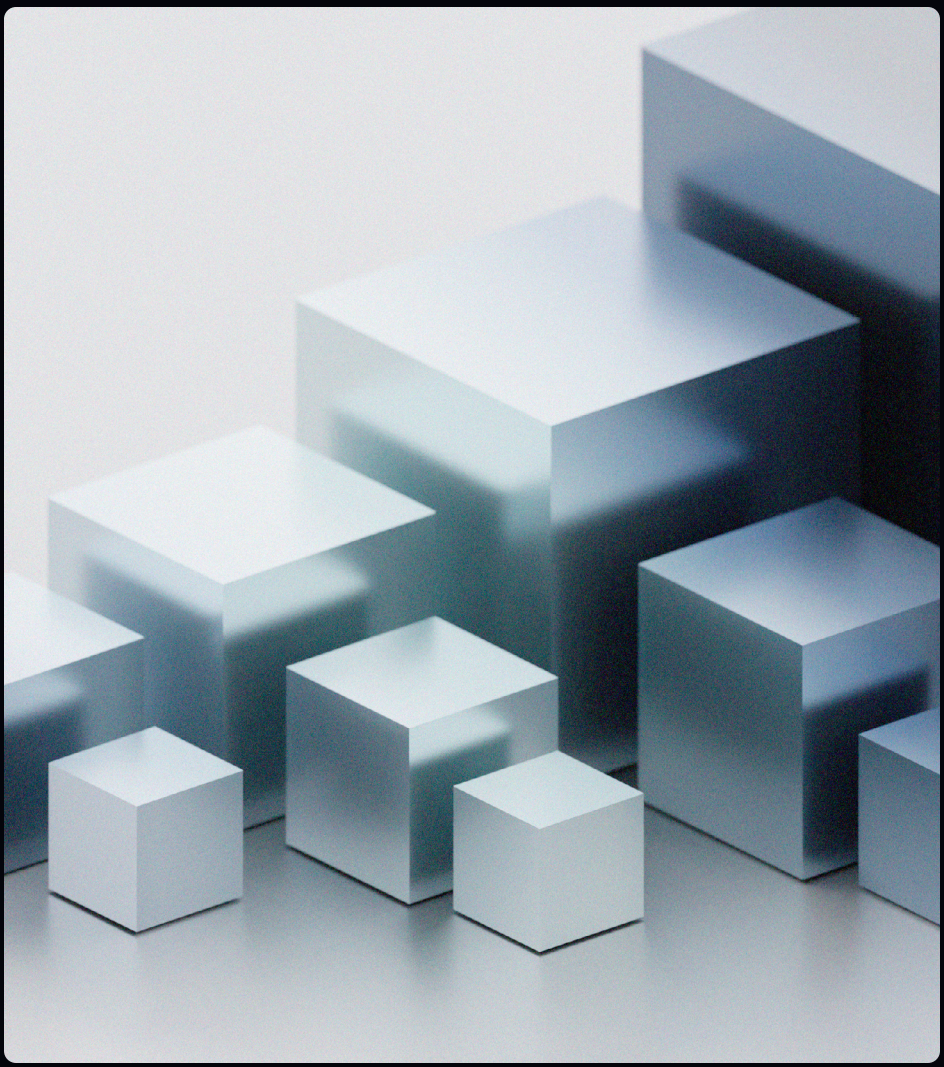
TEMPUS | ONCOLOGY

xM

xM for minimal residual disease

A finely tuned tumor-naive MRD assay that delivers rapid results from one blood draw to help detect residual disease or recurrence in colorectal cancer.



Minimal residual disease (MRD) is an early indicator for cancer recurrence and is complementary to standard of care CEA testing and radiographic scans, providing additional valuable data to help you make personalized patient management plans.

Finely tuned design for accurate MRD detection

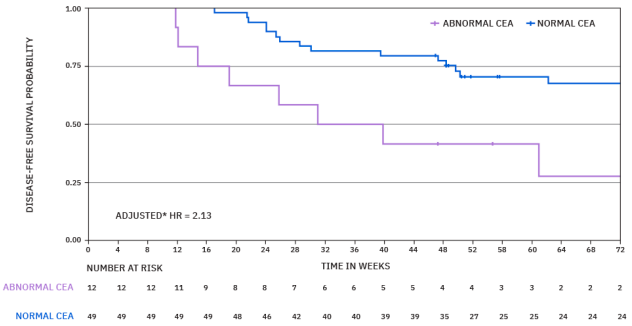
The xM tumor-naive (blood-based) MRD assay was developed using Tempus' multimodal database and advanced machine learning algorithms to help accurately detect and classify tumor fragments from non-tumor fragments.

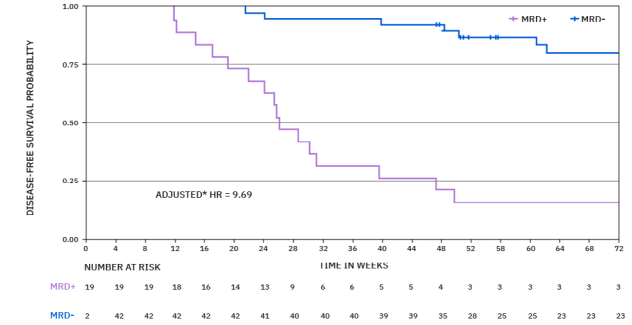
Reliable detection of MRD in colorectal cancer [1]

From a subset analysis from the GALAXY study in CIRCULATE-Japan

- Accurately identifies **61.1%** of recurrent patients who are MRD positive at the landmark timepoint after curative surgery, informing providers on patients who may likely recur. [2]
- Accurately identifies **83.3%** of recurrent patients who are MRD positive longitudinally, enabling providers to make informed decisions and tailor management plans over time. [3]

Results predict disease-free survival (DFS) nearly 5 times superior to standard of care carcinoembryonic antigen (CEA).





* Adjusted HR is corrected based on the anticipated 24% recurrence rate calculated from data in the GALAXY-CIRCULATE study

Based on 12-week CEA & MRD status and associated Disease-Free Survival

xM detected ctDNA disease recurrence on average 5.6 months earlier than radiographic imaging [1]

Based on a cohort of patients who had curative intent surgery without adjuvant chemotherapy

By identifying who is at risk of relapse following surgical resection, MRD testing enables clinicians to employ proactive management plans and tailor clinical decisions in a timely manner.

Convenient blood-based solution

xM is a tumor-naive assay that requires a blood draw which can be seamlessly integrated into a patient's routine blood draw schedule, minimizing the burden to clinical practices.

Cancer indications

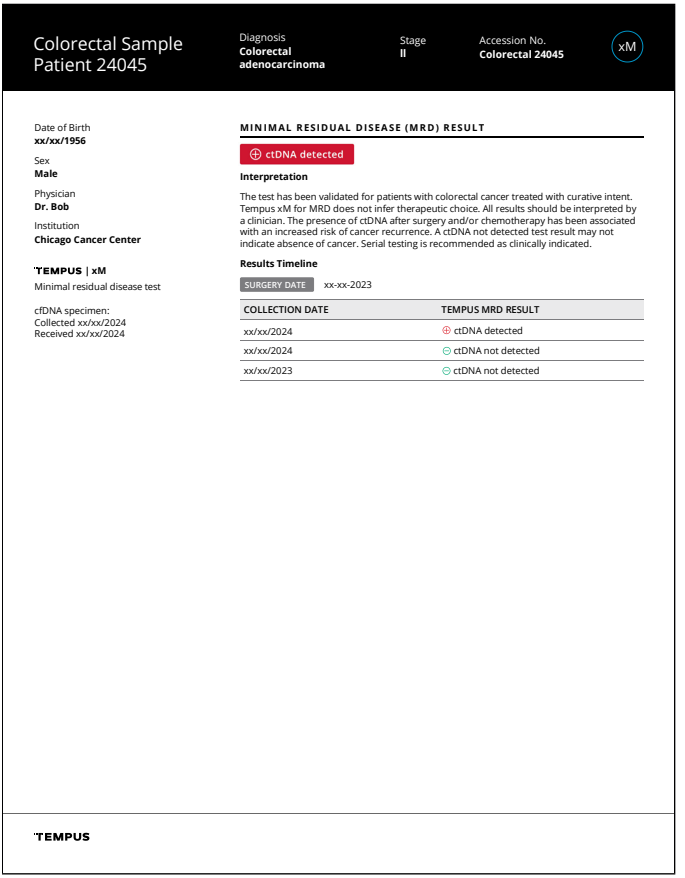
Stage II-III colorectal cancer patients

Specimen requirements

BLOOD All collection timepoints: 2 Streck blood tubes

MRD results

Binary ctDNA status call (detected/not detected)



Colorectal Sample
Patient 24045

Diagnosis
Colorectal adenocarcinoma

Stage
II

Accession No.
Colorectal 24045

xM

Date of Birth
xx/xx/1956

Sex
Male

Physician
Dr. Bob

Institution
Chicago Cancer Center

TEMPUS | xM
Minimal residual disease test

cfDNA specimen:
Collected xx/xx/2024
Received xx/xx/2024

MINIMAL RESIDUAL DISEASE (MRD) RESULT

⊕ ctDNA detected

Interpretation

The test has been validated for patients with colorectal cancer treated with curative intent. Tempus xM for MRD does not infer therapeutic choice. All results should be interpreted by a clinician. The presence of ctDNA after surgery and/or chemotherapy has been associated with an increased risk of cancer recurrence. A ctDNA not detected test result may not indicate absence of cancer. Serial testing is recommended as clinically indicated.

Results Timeline

SURGERY DATE xx-xx-2023

COLLECTION DATE	TEMPUS MRD RESULT
xx/xx/2024	⊕ ctDNA detected
xx/xx/2024	⊖ ctDNA not detected
xx/xx/2023	⊖ ctDNA not detected

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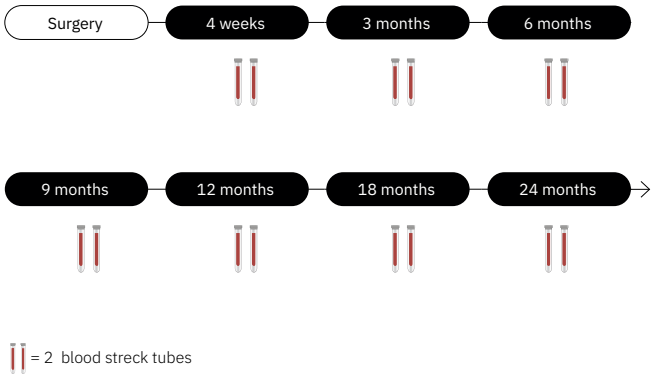
Variety of options to customize xM MRD testing for patients

- Place a single MRD order or a series of longitudinal orders, based on a cadence you determine is medically necessary. Following landmark, the Tempus xM default ordering cadence aligns with NCCN surveillance guidelines for monitoring colorectal cancer recurrence like traditional tools such as CEA.[4,5]



- Streamlined ordering process through Tempus Hub, paper requisition, or directly from your EHR.

- Mobile phlebotomy services to make the blood draw procedure easy for your patients who are unable to come into normal clinical/hospital settings, as appropriate.

We help provide access to our tests for patients in financial need.

Patients can complete the application online at access.tempus.com or call 800.739.4137 to speak to a member of our team.

If you have any questions on our comprehensive portfolio please contact your Tempus Representative or email support@tempus.com

xM performance specifications by pathological stage[1]

Landmark Data	Overall	Stage II CRC	Stage III CRC
Sensitivity	61.1%	64.3%	59.1%
Specificity	87.9%	93.3%	83.3%
PPV†	61.4%	75.3%	52.8%
NPV†	87.7%	89.2%	86.6%

Longitudinal Data	Overall	Stage II CRC	Stage III CRC
Sensitivity	83.3 %	91.7%	79.2%
Specificity	89.5%	88.2%	90.5%
PPV†	71.4%	71.1%	72.4%
NPV†	94.4%	97.1%	93.2%

† Adjusted PPV and NPV are corrected based on the anticipated 24% recurrence rate calculated from data in the GALAXY-CIRCULATE study [6]

Tempus xM enhances our comprehensive testing menu, seamlessly integrating with your workflows across all stages of the cancer continuum and offering unparalleled convenience of a single lab partner.

Learn more at tempus.com/xm

1 Nakamura Y, Kaneva K, Lo C, et al. Longitudinal clinical performance of a novel tumor-naive minimal residual disease assay in resected stage II and III colorectal cancer patients: A subset analysis from the GALAXY study in CIRCULATE-Japan. Poster presented at: *American Society of Clinical Oncology Annual Meeting*; May 31-June 4, 2024; Chicago Illinois.

2 Landmark time point is defined as approximately 4 weeks after surgery in pathological stage II or III colorectal cancer (CRC).

3 Longitudinal time points were defined as every 3 months after surgery until recurrence, death, or 24 months follow-up was reached, whichever occurred first. Longitudinal Clinical performance was determined on a minimum of 2 samples post treatment.

4 NCCN Clinical Practice Guidelines in Oncology. Colon. Version 3.2024.

5 NCCN Clinical Practice Guidelines in Oncology. Rectal. Version 2.2024.

6 Kotani D, Oki E, Nakamura Y, et al. Molecular residual disease and efficacy of adjuvant chemotherapy in patients with colorectal cancer. Nat Med. 2023;29(1):127-134.