We identify, count, and track measurable residual disease (MRD) over time to provide helpful reports to your physician that inform your personalized treatment plan. To do this, we:

- **look** at a bone marrow sample collected at diagnosis
- **identify** the unique DNA sequences associated with your cancer
- **look** in each follow-up sample for residual cancer cells
- **track** changes in the amount of residual disease over time

The clonoSEQ Assay is FDA-cleared for use in B-cell acute lymphoblastic leukemia and multiple myeloma patients to detect and monitor measurable residual disease (MRD) in bone marrow samples. clonoSEQ is also available for use in other lymphoid cancers as a CLIA-regulated laboratory test. Available by prescription only. Results may vary. Talk to your doctor to see if clonoSEQ testing is right for you. References to “cancer” or “disease” in this brochure refer specifically to myeloma and B-cell ALL.
Every person has billions of blood cells in their body. In each white blood cell, there are a variety of different DNA sequences.

In people who do not have cancer, each white blood cell is present at about the same level. For example, the number of cells A, B, C, D and E (and their related DNA sequences) would be almost the same.

In people with lymphoid cancer, the cancer cells (abnormal white blood cells) reproduce faster than the healthy white blood cells. Each cancer cell with the same DNA sequence is called a “clonal cell.” So the DNA sequences in these clonal cells are present at higher levels than the healthy cells’ DNA sequences.

By looking at a sample of your bone marrow for the balance of healthy blood cells to clonal cancer cells, we assign a number that represents the “clonality” of your disease. This number gives your physician an estimate of how many of your total blood cells are malignant (meaning cells having uncontrolled growth that causes harm). This number is provided in your initial clonoSEQ Clonality (ID) test.

clonoSEQ uses your clonal cells’ unique DNA sequences as “barcodes” to identify the cancer cells in your bone marrow sample.
Talk to your doctor about clonoSEQ testing and what your clonoSEQ test results mean for you and your treatment plan.
As with any test result, clonoSEQ reports are meant to be interpreted by a qualified healthcare provider.
WHAT WILL MY REPORT LOOK LIKE?

Each report provides an updated:

**Measurable residual disease (MRD) status***
- A positive (+) result means residual disease was detected.
- A negative (-) result means residual disease was not detected.

**MRD level**
This number tells your physician how much disease is present in your sample at the time it was taken.

**Chart of your MRD trend**
This simple graph shows changes in your MRD level over time.

Talk to your doctor about your MRD status to better understand what a positive or negative result means in the context of your disease.

*False positives or false negatives may occur for reasons including, but not limited to: contamination, technical, and/or biological factors.

MRD = measurable (or minimal) residual disease
THE CLONOSEQ® ASSAY

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Results may vary. False positive or false negative results may occur for reasons including, but not limited to: contamination, technical, and/or biological factors.

clonoSEQ results should always be used in combination with clinical examination, patient medical history, and other findings.

Talk to your doctor to see if clonoSEQ testing is right for you.

For important information about the FDA-cleared uses of clonoSEQ, including test limitations, please visit, clonoSEQ.com/technical-summary.
1. Faham M, et al. *Blood*. 2012;120(26):5173-80. (Study author was an Adaptive employee at the time of publication)
MEANINGFUL RESULTS FOR INFORMED DECISIONS

With clonoSEQ MRD testing, you and your physician have a personalized way to track your body’s individual response to treatment.

Knowing how much cancer might still be present in your body, along with other clinical information, can help you and your physician discuss how best to manage your disease.

Questions to ask your physician:

Q: How might clonoSEQ test results affect my treatment plan?
Q: What does a positive or negative MRD status mean for me?
Q: How has my MRD level changed over time?