



Measure cancer

like you face it.

clonoSEQ® is a measurable (or minimal) residual disease (MRD) test that can detect the number of cancer cells that may remain in your body during and after therapy, so you and your doctor can make more informed treatment decisions.1

FDA-cleared for multiple myeloma, ALL, and CLL, and CLIA-validated for DLBCL, MCL, and other lymphoid cancers.

## Cancer detection that's as powerful as you are

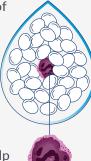
Treatment for blood cancer has come a long way. To make the most of today's therapies, your doctor needs advanced tools to measure your response, so you can both feel confident in your treatment plan.<sup>2-4</sup>

#### clonoSEQ

(pronounced clo-no-seek) is a test that detects and tracks changes in measurable residual disease (MRD) over time, so you and your doctor can make informed. personalized decisions throughout your treatment.1

#### What is MRD?

MRD refers to the number of cancer cells that can stay in the body during and after treatment. These cells can be present at very low levels, which may be a sign your cancer is returning.1 Keeping an eye on MRD is important because it can help you and your doctor decide what to do next.2-4



## clonoSEQ is a test that keeps up with today's cancer treatments

clonoSEQ is a blood or bone marrow test that gives you and your doctor a personalized way to assess your body's individual response to treatment.1

#### clonoSEQ can:



Detect very small amounts of cancer that other tests may miss<sup>5-7</sup>



Help you understand where you are in vour cancer journev<sup>2-4,8</sup>



Help your doctor tailor treatment to vour needs<sup>2-4,8</sup>

## Measure, then treat. Treat, then measure.

#### Repeat throughout your journey

Your MRD levels may change over time. The curve below shows how clonoSEQ helps you and your doctor follow, understand, and react to these changes.<sup>2-4</sup>



Clonality (ID) Test



Tracking (MRD) Test

#### Identify

your cancer's unique genetic code and help you and your doctor understand your prognosis

#### Assess

your response to treatment at key points



"If there was one word to describe receiving my MRD results, I would say, hope."

- Tiffany, a multiple myeloma patient who had clonoSEQ testing

#### **Monitor** changes in your MRD, even off treatment

#### Detect potential relapse early so you can plan ahead



clonoSEQ is covered by Medicare and other major insurance providers for myeloma, DLBCL, CLL, and B-ALL.



# Adaptive assist

### Patient Support Program

We can help you:

- Understand coverage and potential out-of-pocket costs
- Navigate insurance and billing
- Appeal all denials on your behalf

90% of patients pay \$0 for clonoSEQ\*

Learn more at adaptive-assist.com

Need help with Adaptive Assist? Call 1-855-236-9230

## Talk to your doctor about clonoSEQ testing



#### Here are some questions to get the conversation started:

- How might clonoSEQ MRD results inform my treatment plan?
- At what points during or after treatment should we use clonoSEQ MRD testing?
- When might blood-based clonoSEQ MRD testing be right for me?

## Find a provider who tests for MRD with clonoSEQ

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

1. clonoSEQ®. [technical summary]. Seattle, WA. Adaptive Biotechnologies; 2020.
2. Martinez-Lopez J, et al. *J Hematol Oncol*. 2021;14(1):126. 3. Friend BD, et al. *Pediatr Blood Cancer*. 2020;67(2):e28079. 4. Al-Sawaf O, et al. *J Clin Oncol*. 2021;39(36):4049-4060. 5. Avet-Loiseau H, et al. *Blood*. 2015;126(23):191. 6. Short NJ, et al. *Blood Adv*. 2022;6(13):4006-4014. 7. Wood B, et al. *Blood*. 2018;131(12):1350-1359. 8. Costa LJ, et al. *Lancet*. 2023;10.1016/S2352-3026(23)00236-3.

