



Preferred Health Partners Newsletter

April 2024

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A Single Test to Screen for Many Cancers

Cancer is a very common human affliction. Nearly all of us know someone who has either experienced or died of cancer. A person in the U.S. has around a 40% chance of having cancer in their lifetime and around half the time the cancer is fatal. Cancer is the second leading cause of death after coronary artery disease. It is the number one cause of death in people between the ages of 55 to 64.

While there are behaviors, such as not smoking, to reduce the risk of certain cancers, many cancers are sadly unpreventable. They are often the unpredictable result of bad luck. We have effective medicines and other tools to prevent and treat coronary artery disease. In contrast, several of the most deadly cancers still have no treatments that work very well. And the treatments we do use sometimes have burdensome side effects.

We have our best chance of successfully treating cancer when we catch it early. Smaller, localized tumors that have not yet metastasized can often be removed surgically or treated with radiation. Early-stage cancers are also less likely to have acquired the complex mutations that confer resistance to treatment, making them more responsive to therapies. To consider the importance of early detection, look below at the 5 and 10 year survival rates for the five leading causes of cancer death in alphabetical order. (Note that breast cancer has been subdivided into categories of estrogen-receptor positive, HER2 positive, and triple negative.) You will see a marked difference in survival between cancers that have not metastasized (stages I and II) versus cancers that have metastasized (stages III and IV).

Estimated 5-year survival rates

	Stage I/II	Stage III	Stage IV
Breast Cancer (ER+/HER2-)	100%	90%	34%
Breast Cancer (ER-/HER2+)	97%	84%	40%
Breast Cancer (TNBC)	92%	66%	13%
Colorectal Cancer	88%	71%	16%
Lung	59%	31%	6%
Prostate	100%	100%	33%
Pancreatic	38%	14%	3%

Estimated 10-year survival rates

	Stage I/II	Stage III	Stage IV
Breast Cancer (all subtypes**)	98%	86%	32%
Breast Cancer (TNBC)	83%	49%	0%
Colorectal Cancer	85%	62%	9%
Lung	44%	19.8%	3%
Prostate	100%	98.3%	18%
Pancreatic	34%	10%	2%

The importance of early detection points to the need for tests that can screen for cancer. Fortunately, we have effective screening tests for cervical cancer, breast cancer, prostate cancer, lung cancer in smokers, and colorectal cancer. Each of these tests have limitations and situations in which they are most helpful. So it is important to discuss with your primary care physician how and when to screen for these cancers. But some of the most lethal cancers, such as ovarian and pancreatic cancer, do not yet have effective screening tests. One attempt to screen for such cancers is a blood test called Galleri offered by the company Grail that became available in June of 2021. It terms itself a liquid biopsy since rather than requiring a traditional tissue sample obtained through a surgical biopsy, it uses a small amount of blood to gather information about the presence of cancer cells.

When cells die as the normal part of the cell cycle, their DNA is released into the blood. Since cancer die at an extraordinary rate due to their disordered growth, they release even more of their DNA into blood. This so-called cell-free DNA (cfDNA) is what the Galleri test detects and measures. By identifying cfDNA from cancer cells that differs from cfDNA from normal cells, the Galleri blood test aims to screen for over 50 different cancers. (continue on back)



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Does it Work?

Unlike mammograms, pap smears, lung cancer screening CTs in smokers, and colon cancer screening through colonoscopy or stool tests, the Galleri test does not yet have evidence for lowering cancer-related death. That is why it is not intended to be a substitute for these established cancer screening tests.

The most extensive study of Galleri to date is called PATHFINDER and was published in the medical journal The Lancet in 2023. The Galleri test identified a cancer signal in 92 of the 6621 people who participated in the study. Among the 92 study participants in which the Galleri test detected a cancer signal, 35 were ultimately diagnosed with cancer. The other 57 people with a cancer signal ended up not actually having cancer, meaning that their tests were false positives. Among these individuals with a false positive test, 17 underwent invasive procedures such as a biopsy or endoscopy to evaluate their abnormal Galleri test result.

Based on guidelines, participants in the PATHFINDER study received standard cancer screening tests such as mammograms, pap smears, and colonoscopies. The study found that adding the Galleri test to these standard cancer screening tests doubled the number of cancers that were detected by standard cancer screening alone. This suggests the test is beneficial. But it is noteworthy that of the cancers detected by Galleri, 52% were detected at stage III or IV, a point when the cancer had already metastasized and treatment is often less effective.

More research is being done on the risks and benefits of the Galleri test. In the United Kingdom, the National Health Service (NHS) is partnering with Grail in a 3 year study of over 140,000 people aged 50 to 77. The objective is to determine whether the Galleri test alongside standard cancer screening can help find cancers at an earlier stage when they are easier to treat. Results from this study should be back in around 2 years. In November of 2023 Grail announced that they are teaming with the Centers for Medicare and Medicaid Services to conduct a real-world study of the clinical impact of its test on as many as 50,000 Medicare beneficiaries.

The Bottom Line

Most cancers are best treated when they are detected at an early stage. We are fortunate to have well established, effective screening tests for some of the most lethal cancers. It is important to discuss with your primary care physician how to apply these screening tests to your individual situation.

The Galleri blood test attempts to complement these tests by screening for over 50 cancers, including cancers for which we do not currently have effective screening tests. While the Galleri test has been shown to detect cancers missed by current screening methods, we do not yet have evidence from clinical trials that this results in a lower rate of deaths from cancer. For now, individuals interested in the Galleri test should discuss its risks and benefits with their primary care physicians.

Galleri is not yet been approved by the FDA and is not covered by Medicare or most health insurance plans. The cost of the Galleri test is \$949. Although PHP has no financial relationship with Grail, our patients may obtain the test at the discounted rate of \$799 when ordered by a PHP physician.

Locations

Austin

1305 W. 34th St. Suite 204
Austin, Texas 78705
737-285-3770

Dallas - Gaston

3417 Gaston Ave. Suite 700
Dallas, TX 75246
214-823-4800

Dallas - Junius

3900 Junius St. Suite 415
Dallas, TX 75246
972-993-8300

Frisco

3535 Victory Group Way Suite 330
Frisco, TX 75034
972-993-5070

Las Colinas

440 W. I-635 Suite 405
Irving, TX 75063
972-993-5080

Park Cities

8215 Westchester Dr. Suite 320
Dallas, TX 75225
972-993-5040

Plano

4708 Dexter Dr. Suite 400
Plano, TX 75093
972-993-5050

Walnut Hill

8144 Walnut Hill Suite 360
Dallas, TX 75231
972-993-8350