



GORDON C GUNN, MD, FACOG

CONCIERGE PERSONALIZED CARE  
GYNECOLOGY • HORMONE THERAPY  
INTEGRATIVE MEDICINE

## Galleri Cancer Detection Blood Test Trial - 2026

The following is an extraction of the opinion of the *NHS-Galleri Test Trail* published by Taylor Yeater, Nicholas Nelson and Peter Attia on March 7, 2026, on Peter Attia, M.D.'s website. <https://peterattiamd.com> entitled:

### ***“A Failed Endpoint is Not a Failed Technology”***

**“Galleri** is a *blood-based multi-cancer early detection test ‘MCED’* developed by GRAIL. From a single blood draw, the test analyzes *cell-free DNA - fragments of genetic material that tumors shed into the bloodstream*. It reads patterns on the DNA fragments that differ between cancerous and non-cancerous tissue, screening for signals associated with more than **50 cancer types**. When a signal is detected, the test also predicts the likely organ of origin, which is intended to guide a more efficient diagnostic workup rather than leaving physicians to search blindly.

“GRAILs recently disclosed that it’s landmark cancer screening trial missed its **composite endpoint, - a reduction in combined Stage III and Stage IV cancer diagnoses**. However, the **report of these data were disclosed via a corporate press release**, not through a peer-reviewed publication or formal scientific presentation. As such, the full dataset has not yet been presented publicly. [GRAIL has stated that detailed results will be submitted for presentation at the pending American Society of Clinical Oncology annual meeting.]

Taking a closer look at what was reported—and what wasn’t—suggests the verdict is far from settled:

“Across a prespecified group of 12 deadly cancer types—specifically **anus, bladder, colorectal, esophagus, head and neck, liver/bile duct, lung, lymphoma, myeloma/plasma cell neoplasm, ovary, pancreas, and stomach**—there appears to have been a meaningful reduction in Stage IV diagnoses specifically. GRAIL reported that **Stage IV cancers decreased** with each year of sequential screening, with a greater than 20 percent reduction in the second and third rounds (of testing). There was also, according to the press release, a substantial increase in Stage I and Stage II cancers detected in the intervention arm, and a **four-fold higher overall cancer detection rate compared to standard of care alone.**”

“So, what is a person to do when deciding whether to have this cancer detection test?”

Here is my **practical guide** to help you decide whether **you personally** should consider the Galleri multi-cancer early detection test [‘MCED Test’] I discuss in the article: **Galleri Multi-Cancer Early Detection Blood Test**

## 🌀 **Step 1: Start With the Reality Check**

- ! Not FDA-approved yet
  - ! No proof (yet) that it saves lives
  - ! Out-of-pocket (~\$950). \$795, if ordered thru SignatureMD
  - ⚠ Can produce false positives → more testing, anxiety, cost
- 👉 So this is **not a replacement for standard screening of commonly tested cancers** (colonoscopy, mammogram, etc.)

---

## 🧬 **Step 2: Your Personal Risk Profile**

### 🌀 **LOWER RISK (Generally *not* recommended)**

#### **You likely fall here if:**

- Under ~50
- No significant family history of cancer
- No known genetic risks (e.g., BRCA)
- Already doing recommended screenings for your age

#### 👉 **Guidance:**

- Skip for now
- Focus on proven screening + lifestyle
- Revisit in a few years as data improves

### 🌀 **MODERATE RISK (Case-by-case)**

#### **You may be here if:**

- Age 50–75 (matches trial population)
- Some family history
- Former smoker or other mild risk factors
- Health-conscious and proactive

#### 👉 **Guidance:**

- Reasonable **optional add-on**, not essential
- Ask yourself:
  - “Would I act on a positive result?”
  - “Am I okay with uncertainty or false alarms?”
- Consider using it **once or periodically**, not obsessively

## ● **HIGHER RISK (Most reasonable use case)**

### **You may benefit more if:**

- Strong family history (multiple relatives, early cancers)
- Known genetic risk (BRCA, Lynch, etc.)
- Prior cancer history
- High anxiety about “silent” cancers
- Concern about cancers with **no screening options** (pancreatic, ovarian, etc.)

### 👉 **Guidance:**

- This is where the test is **most defensible**
- Especially valuable for:
  - Cancers we **normally don’t screen for at all**
- Should be done **in coordination with your physician**

---

## ⚖️ **Step 3: Your Personal “Risk Tolerance Profile”**

### **Ask yourself honestly:**

#### 👍 **You’re a GOOD candidate if:**

- You prefer **more information, even if imperfect**
- You’re comfortable with follow-up testing
- You can handle uncertainty without panic
- You’re proactive about health

#### 👎 **You’re a POOR candidate if:**

- You tend toward health anxiety
- You want **definitive answers only**
- You would regret false positives or extra procedures
- You expect this to “rule out cancer”

---

## 🔪 **Step 4: What the Test Is Actually Good For?**

### **Potential Value:**

- Detecting cancers **earlier than symptoms**
- Finding cancers that have **no routine screening**
- Possibly shifting diagnosis away from **Stage IV**

### **Limitations:**

- May **miss cancers**
- May find signals that **aren’t cancer**
- Doesn’t tell you what to *do next* without more testing

---

## **Step 5: Smart Way to Use It (If You Choose To)**

**If you decide to proceed, use it like a professional-level strategy:**

- Keep all **standard screenings up to date**
- Do it **annually or every few years**, not obsessively
- Have a **plan for follow-up** BEFORE testing
- Ideally involve a **physician who understands ‘MCED’ tests**

---

## **Bottom Line (Simple Decision Rule)**

**✓ Consider it, if:**

- You're 50+
- You want additional screening beyond standard care
- You accept uncertainty and possible false positives

**✗ Skip for now, if**

- You want proven benefit
- You're low risk
- You're prone to anxiety from ambiguous results

---

## **My Plain-English Take**

- This is a “future of medicine” tool , still in early innings
- Right now, it's:
  - Not yet standard of medical care in the United States
  - But not unreasonable for selected individuals who want to be pro-active in early cancer detection.
  - *Remember:* I recommend annual *ultrasounds for early detection* of tumors occurring in the abdomen and pelvis (in women).

---

**Gordon C. Gunn, M.D.**  
**March 30, 2026**