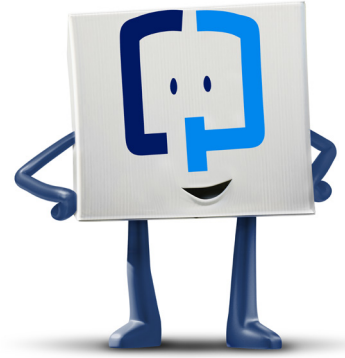




Keep colorectal cancer (CRC) in mind when talking to your doctor



The American Cancer Society (ACS) and United States Preventive Services Task Force (USPSTF) advise that adults who are^{1,2}:



45 years old or older



At average risk for CRC*



Get regular screening for CRC†

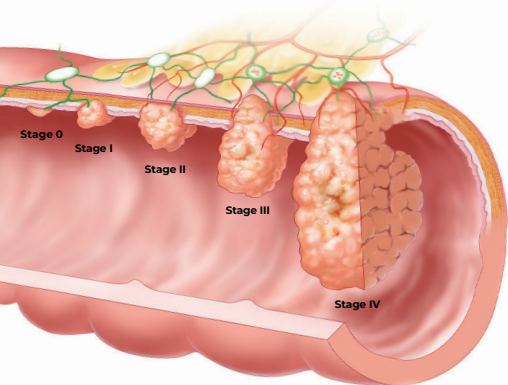
CRC is being found more often in people younger than 50 years old³



41%

of US adults 45 years old or older have not been screened for CRC¹

CRC is the leading cause of cancer deaths in **men** and **second cause in women under 50**⁴



Regular screening is the best way to find CRC in the early stages.¹ When CRC is caught early:

91%

of people live for at least **5 years** after the disease is found at localized stages (stages I, IIa, IIb)⁴

If you are 45 years old or older and at average risk for CRC, [click here](#) to learn why you should get screened.

*Average risk means that you have no symptoms; no family history of CRC; no personal history of cancer; no genetic links to Lynch syndrome, familial adenomatous polyposis, or other genetic syndromes; and no personal history of ulcerative colitis, inflammatory bowel disease, or Crohn's disease.⁵

†People who are at greater than average risk for CRC should follow the screening recommendations of their healthcare provider.

Which CRC screening option is best for you?

Based on your risk factors for CRC, you may have a choice when getting screened

	Colonoscopy (visual exam)	Multitarget stool DNA (mt-sDNA)	Fecal immunochemical test (FIT)/fecal occult blood test (FOBT)	Blood-based test
How is the test done?	The test is done by a doctor who inserts a small, flexible camera into the rectum/colon to look for unusual growths ⁶	You collect a stool sample at home then ship it to a lab. The lab tests the sample for altered DNA and blood ⁵	You take stool samples at home then ship them to a lab. The lab tests the samples for blood ⁵	A blood sample is taken. The sample is sent to a lab that tests it for DNA changes ⁶
Who is the test for?	Adults 45 to 85 years old at average to high risk for CRC ⁶	Adults 45 to 85 years old at average risk for CRC ⁶	Adults 45 to 85 years old at average risk for CRC ⁶	Adults 45 to 85 years old at average risk for CRC ⁷
How often is the test done?	Every 10 years for adults at average risk ^{6*}	Every 3 years ⁶	Every year ⁶	Every 3 years ⁷
Is the test invasive?	Yes ⁶	No ⁶		Minimally ⁶
Are there steps to take before the test?	Yes ^{6†}	No ⁶	No/Yes ^{6†}	No ⁶
How long does it take to do the test?	1-2 days (steps before the test and time for the test) ⁸	The time it takes to collect the stool sample(s) ⁶		The time it takes to collect the blood sample ⁶
Does insurance cover the test?	Covered by most health plans ⁶			Covered by Medicare Part B ⁷
What if the test result is positive?	The doctor removes any unusual growths during the test and checks them for cancer ⁶	A follow-up colonoscopy is needed ⁶		

Talk to your doctor about the screening choice that is right for you.

*For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider.

†The steps before a colonoscopy may include a clear liquid diet and the use of laxatives to empty all solids from the stomach and bowels at least 1 day before the exam.⁸

‡The steps before a FOBT include changes to your diet and may require you to stop taking some medications.⁶

Indications and Important Risk Information

The Cologuard® test is intended to screen adults 45 years of age and older who are at average risk for colorectal cancer by detecting certain DNA markers and blood in the stool. Do not use if you have had adenomas, have inflammatory bowel disease and certain hereditary syndromes, or a personal or family history of colorectal cancer. A Cologuard test is not a replacement for colonoscopy in high risk patients. Cologuard test performance in adults ages 45-49 is estimated based on a large clinical study of patients 50 and older. Cologuard test performance in repeat testing has not been evaluated.

The Cologuard test result should be interpreted with caution. A positive test result does not confirm the presence of cancer. Patients with a positive test result should be referred for colonoscopy. A negative test result does not confirm the absence of cancer. Patients with a negative test result should discuss with their doctor when they need to be tested again. False positives and false negative results can occur. In a clinical study, 13% of people without cancer received a positive result (false positive) and 8% of people with cancer received a negative result (false negative). Rx only.

References: 1. American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023. 2. Davidson KW, Barry MJ, Mangione CM, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;325(19):1965-1977. 3. Dharwadkar P, Zaki TA, Murphy CC. Colorectal cancer in younger adults. *Hematol Oncol Clin North Am*. 2022;36(3):449-470. 4. Siegel RL, Giaquinto AN, Jemal A. Cancer statistics, 2024. *CA Cancer J Clin*. 2024;74(1):12-49. 5. Screening & prevention: screening methods. Colorectal Cancer Alliance. Accessed September 10, 2024. <https://colorectalcancer.org/screening-prevention/screening-methods> 6. Colorectal cancer early detection, diagnosis, and staging. American Cancer Society. January 29, 2024. Accessed September 9, 2024. <https://www.cancer.org/content/dam/CRC/PDF/Public/8606.00.pdf> 7. Colorectal cancer blood-based biomarker screening tests. Medicare.gov. Accessed September 10, 2024. <https://www.medicare.gov/coverage/colorectal-cancer-blood-based-biomarker-screening-tests> 8. Screening & prevention: colonoscopy. Colorectal Cancer Alliance. Accessed September 10, 2024. <https://colorectalcancer.org/screening-prevention/screening-methods/colonoscopy>



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