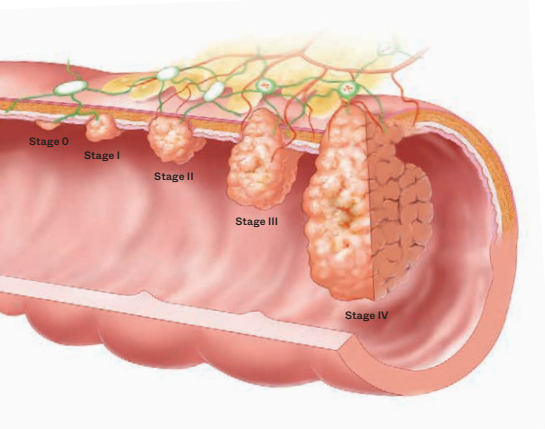


# Screening for colorectal cancer (CRC) on time matters<sup>1</sup>

Regular screening can help find CRC in early stages, which is why it's important to screen on time.<sup>1</sup>  
See how CRC develops below:



- CRC typically starts as a polyp on the wall of the colon or rectum which may **develop** into cancer<sup>1</sup>
- Many people with early-stage CRC have **no symptoms**, but screening can detect signs of cancer<sup>1</sup>
- **Black Americans** are most likely to develop and die from colon cancer<sup>2</sup>
- **Hispanic Americans** have the second-highest death rate due to colon cancer<sup>2</sup>

## Focus on the CRC facts



Colon cancer affects all races, genders, and ethnicities<sup>2</sup>

3rd

It's the 3rd most common cancer among men and women<sup>3</sup>

75%

About 75% of people have no family history<sup>3</sup>



It's on the rise in people 45-49<sup>4</sup>

## See your choices for CRC screening on the other side












When caught in early stages, CRC is more treatable in about **90% of people**<sup>5\*</sup>

There are many screening options, but whichever you choose, the American Cancer Society recommends regular screening starting at **age 45**. Even if you've screened before, you'll need to screen again when your healthcare provider recommends.<sup>1,4</sup>

\*Based on 5-year survival.

# There are **choices** when it comes to CRC screening<sup>1,4,6-10</sup>

Use this chart to help you decide which option might work best for you

	 <b>Colonoscopy</b> (visual exam)	 <b>Multitarget stool DNA test*</b> (Cologuard®)	 <b>FIT/FOBT*</b> (fecal immunochemical test/fecal occult blood test)
 <b>How does it work?</b>	Uses a scope to look for and remove abnormal growths in the colon/rectum <sup>1</sup>	Finds altered DNA and blood in the stool sample <sup>1</sup>	Detects blood in the stool sample <sup>1</sup>
 <b>Who is it for?</b>	Adults at high or average risk <sup>1,6</sup>	Adults 45+ at average risk <sup>4</sup>	Adults at average risk <sup>4</sup>
 <b>How often?</b>	Every 10 years <sup>1†</sup>	Every 3 years <sup>4</sup>	Once a year <sup>4</sup>
 <b>Non-invasive?</b>	No <sup>1,7</sup>	Yes, used at home <sup>4</sup>	Yes, used at home <sup>1</sup>
 <b>Prep required?</b>	Yes, full bowel prep including fasting and laxatives <sup>1,7</sup>	No <sup>8</sup>	No/Yes <sup>1‡</sup>
 <b>Time it takes?</b>	1-2 days for bowel prep and procedure <sup>7</sup>	The time it takes to collect a sample <sup>6</sup>	The time it takes to collect a sample <sup>6</sup>
 <b>Covered?<sup>§</sup></b>	Covered by most insurers <sup>4</sup>	Covered by most insurers <sup>9</sup>	Covered by most insurers <sup>10</sup>
 <b>After a positive result?</b>	Polyps removed and examined (biopsy) <sup>1</sup>	A colonoscopy is needed <sup>1</sup>	A colonoscopy is needed <sup>1</sup>

\*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.<sup>4</sup>

†For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider.<sup>1</sup>

\*FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.<sup>1</sup>

§Insurance coverage can vary; only your insurer can confirm how CRC screening is covered under your insurance policy.

Choose the screening option(s) below to discuss with your prescriber today:



Colonoscopy

Multitarget stool DNA test\*

FIT/FOBT\*

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EXACT SCIENCES CORPORATION  
5505 Endeavor Lane, Madison, WI 53719  
ExactSciences.com | ExactLabs.com | 1-844-870-8870

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