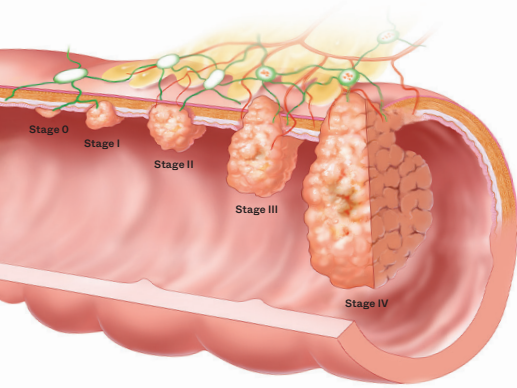


Screening for colorectal cancer (CRC) on time matters¹

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



- CRC typically starts as a polyp on the wall of the colon or rectum which may **develop** into cancer¹
- Many people with early-stage CRC have **no symptoms**, but screening can detect signs of cancer²
- **Black Americans** have the second highest rate of developing and dying from colon cancer in the US after **Alaska Natives**³
- Colon cancer screening rates are lower for **Hispanic Americans** (52%) than for **White Americans** (61%)⁴

Focus on the CRC facts



Colon cancer affects all races, genders, and ethnicities³

1st

It's become the most common cause of cancer-related deaths for adults under the age of 50⁵

75%

About 75% of people have no family history⁶



It's on the rise in people younger than 65⁷

See your choices for CRC screening on the other side












When caught in early stages, CRC is more treatable in about **90% of people**^{1*}

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.⁸

*Based on 5-year survival.

There are **choices** when it comes to CRC screening

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

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

*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.

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

*FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.¹

§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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3. Siegel RL, Kratzer TB, Wagle NS, et al. Cancer statistics, 2026. *CA Cancer J Clin.* 2026:e70043.
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10. ACS. Insurance Coverage for Colorectal Cancer Screening. Updated October 15, 2025. Accessed March 13, 2026. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-coverage-laws.html>

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

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