Colorectal cancer in the U.S.

2ND leading cause of cancer death in men and women combined

90% Survival Rate when cancer is found and treated early

1 in 3 American adults are not screened as recommended

When should I start screening?

Most guidelines recommend average-risk individuals start screening at age 50.

African Americans and people with a family history of cancer or polyps should start screening earlier.

The American Cancer Society recommends average-risk individuals start screening at age 45.

Colonoscopy: The gold standard

The only test for those with risk factors such as personal history of polyps, cancer, or family history of cancer

Reduces the incidence of cancer by 89%
Which screening test is most effective?

In 2017, the U.S. Multi-Society Task Force on Colorectal Cancer (MSTF) ranked colonoscopy in the highest of three tiers for CRC screening options. MSTF recommends physicians offer colonoscopy first, annual FIT to patients who decline colonoscopy, then second-tier tests for patients who decline FIT.

A 2014 New England Journal of Medicine study of 10,000 patients found screening colonoscopy to be more effective than FIT and Cologuard® for cancer and pre-cancerous polyp detection.

COLOGUARD WILL MISS:

| More than 30% of polyps that will soon be cancer | Almost 60% of larger polyps that may become cancer |

1 in 13 patients who use Cologuard may have cancer the test will miss.

Follow-up colonoscopy will find almost half (45%) of positive Cologuards are false positives.

A follow-up colonoscopy is recommended for a positive Cologuard.

Insurance coverage for screening

Medicare covers 100% of an initial screening test.

Follow-up colonoscopy needed for a positive FIT or Cologuard.

Cologuard is covered by many private insurers, but patients could pay approximately $600 if not covered.

Patients may have deductible or copay for follow-up colonoscopy to FIT or Cologuard, as the colonoscopy is then considered diagnostic or therapeutic.