Choice ignites **change**

Your employees may be lagging in colorectal cancer (CRC) screening.
We can help them get screened.

>53,000
DEATHS ARE ESTIMATED IN 2020 DUE TO CRC
which is more than for breast or prostate cancer.[1]

~85%
CRC SCREENING DECLINE
CRC screenings declined by ~85% in April — the largest drop recorded to date.[2]

$150 MILLION
IS SPENT ANNUALLY
on CRC disability costs.[3]

CRC is the most preventable yet least prevented form of cancer in the United States.[4]

- By 2030, nearly 1 in 4 rectal cancer and 1 in 10 colon cancers will be diagnosed in people younger than 50.[5]
- Many patients with early stage CRC have no symptoms and are detected through screening.[6]
- In a retrospective analysis of one health system's patients who died of CRC between 2006 and 2012, 76% of CRC deaths occurred in patients who were not up-to-date with screening.[7]

The COVID-19 pandemic has been devastating the nation, but its impact goes beyond the virus itself.

- It has been predicted that 18,000 CRC diagnoses will be delayed as a result of the COVID-19 pandemic.[8]
- Data comparing April 2019 to April 2020 have shown a 74% decrease in new incidence cancer diagnoses. This includes a 54% reduction in new CRC diagnoses.[2]
- Endoscopy suites are operating at reduced and limited capacity.[9]

Early detection may improve your employees' productivity and increase their chances of survival; it can also lead to decreased treatment costs.[1, 10, 11]

- The 5-year survival rate for CRC (stage I and II)[‡] is 90%, but when diagnosed in stage IV, that number drops to 14%.[1]
- Treatment costs can be reduced by approximately $50,000 when CRC is detected in early vs late stages.[10]
- 1 in 5 CRC disability claims convert from short term disability to long term disability with costs jumping (3x) from $8,200 to $24,600.[11]

The benefit plan type that employers choose may influence CRC screening rates.

- California commercial payors reported in 2018 that members 50 to 75 years of age were appropriately screened for CRC (statewide average) as follows: HMO=65.2%, PPO/FFS=30.0%.[12]

> "Offering choice in CRC screening strategies may increase screening uptake."

USPSTF recommendation[13]

To help get more employees screened, offer screening options as soon as employees are eligible for CRC screening.

Impact your colorectal cancer (CRC) screening rates

ACTIONS YOUR ORGANIZATION CAN TAKE NOW TO MAKE AN IMPACT ON THE SECOND DEADLIEST CANCER[1]

Cologuard is a noninvasive screening option, for average risk patients 45 and older, that can be used at home which may overcome common patient reported barriers such as test preference, access to facilities, and knowledge of options. **Implement a colorectal cancer screening campaign which includes Cologuard** as a choice by working with your Exact Sciences account manager.

Contact us at ConsumerEmployerSolutions@exactsciences.com to implement your CRC screening campaign.

Learn more at Cologuard.com/ee

Indications and Important Risk Information

Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen adults of either sex, 45 years or older, who are at typical average risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Cologuard is not for high-risk individuals, including patients with a personal history of colorectal cancer and adenomas; have had a positive result from another colorectal cancer screening method within the last 6 months; have been diagnosed with a condition associated with high risk for colorectal cancer such as IBD, chronic ulcerative colitis, Crohn's disease; or have a family history of colorectal cancer, or certain hereditary syndromes.

Positive Cologuard results should be referred to diagnostic colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient.

False positives and false negatives do occur. In a clinical study, 13% of patients without colorectal cancer or advanced adenomas received a positive result (false positive) and 8% of patients with cancer received a negative result (false negative). The clinical validation study was conducted in patients 50 years of age and older. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.

[1]Localized: There is no sign that the cancer has spread outside of the colon or rectum. This includes American Joint Committee on Cancer stage I, IIa, and IIb cancers. Regional: The cancer has spread outside the colon or rectum to nearby structures or lymph nodes. This includes stage IIc and stage III cancers in the American Joint Committee on Cancer system. Distant: The cancer has spread to distant parts of the body such as the liver, lungs, or distant lymph nodes. This includes stage IV cancers.[14]

References: 1. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2020. *CA Cancer J Clin.* 2020;70(1):7-30. **2.** London JW, Fazio-Eynullayeva E, Palchuk MB, Sankey P, McNair C. Effects of the COVID-19 pandemic on cancer-related patient encounters. JCO Clin Cancer Inform. 2020;4:657-655. doi:10.1200/CCI.20.00068. **3.** IBI Disability and Leave Benchmarking: Disability Diagnosis Analyzer (beta), Oakland CA, First published March 5, 2019, last updated April 6, 2020. https://www.ibiweb.org/resource/disability-diagnosis-analyzer/. Accessed September 2020. **4.** Itzkowitz SH. Incremental advances in excremental cancer detection tests. *J Natl Cancer Inst.* 2009;101(18):1225-1227. **5.** Bailey CE; Hu CY; You, YN, et al. Increasing Disparities in Age-Related Incidence of Colon and Rectal Cancer in the United States, 1975-2010. JAMA Surg. 2015;150(1):17-22. **6.** Moreno CC, Mittal PK, Sullivan PS, et al. Colorectal cancer initial diagnosis: screening colonoscopy, diagnostic colonoscopy, or emergent surgery, and tumor stage and size at initial presentation. Clin Colorectal Cancer. 2016;15(1):67-73. **7.** Doubeni. Gastroenterology 2019. **8.** IQVIA Institute: Shifts in Healthcare Demand, Delivery and Care During theCOVID-19 Era. April 2020. https://www.iqvia.com/insights/the-iqvia-institute/covid-19/shifts-in-healthcare-demand-delivery-and-care-during-the-covid-19-era Accessed May 13th, 2020. **9.** Digestive Health Physicians Association. Joint AGA/DHPOA Guidance: Recommendations for resumption of elective endoscopy during the COVID-19 pandemic. https://www.dhpassociation.org/2020/04/27/aga-dhpa-resume-endoscopy-covid19/. Updated April 27, 2020. Accessed May 8, 2020. **10.** California Healthcare Foundation. Cancer Care Spending in California: What Medicare Data Say. Cancer Care Spending in California: What Medicare Data Say, 2015, www.chcf.org/wp-content/uploads/2017/12/PDF-CancerCareSpendingMedicare.pdf. Accessed December 20, 2018. **11.** Integrated Benefits Institute. Byla J, Cancer Presents Complex Workplace Challenges, IBI Research, January 28, 2019. **12.** According to the Integrated Healthcare Association's Cost & Quality Atlas. These results are based on administrative data only. The research uses data from the Integrated Healthcare Association's Performance Measurement Programs. **13.** Bibbins-Domingo K, Grossman DC, Curry SJ, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2016;315(23):2564-2575. **14.** Survival rates for colorectal cancer. American Cancer Society website. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html. Accessed March 10, 2020.

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