

Set your patients up for success when screening for colorectal cancer (CRC) with **Cologuard**[®]



Using **point-of-care conversations** to address patient barriers

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 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.

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Scan to see Cologuard's adherence or visit cologuardhcp.com/adherence

 **cologuard**[®]
by EXACT SCIENCES

Your role is vital in helping patients complete CRC screening with Cologuard®



Setting expectations during point-of-care conversations may help your patients understand the importance of regular CRC screening and the steps they need to take.¹

Use these 3 tips:

1 Explain the importance of CRC screening for eligible patients and **strongly recommend Cologuard completion**

“Early-stage CRC often has no symptoms, making regular screening the only way to diagnose it.”²

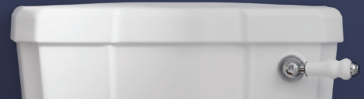
“Cologuard can detect precancer, which can then be removed before it becomes cancerous.”³

2 Encourage patients to complete Cologuard as soon as they receive it

- Emphasize the importance of Cologuard completion within 2 weeks
- Order the Cologuard kit while the patient is in the office
- Ask for a verbal commitment from patients to complete the test

“Do you have any questions about screening with Cologuard?”

“Will you complete your screening with Cologuard?”



3

Explain how to screen with Cologuard

- Remind patients to open the Cologuard kit as soon as they receive it
- Patients can store their Cologuard kit on the back of the toilet for convenience and as a visual reminder
- Utilize resources like the **Cologuard Patient Brochure** in conversations with patients



"I can provide resources to help make screening with Cologuard easier. Scan this QR code to watch a how-to-use video."

"Cologuard has a patient navigation program that provides guidance through every step of CRC screening. Make sure to engage with the program."

Set expectations to help your patients complete CRC screening with Cologuard.



Have your patients scan to watch a how-to-use Cologuard video at cologuard.com/use



Find additional provider support online at cologuardhcp.com/resources or by calling 1-844-870-8870

Indications and Important Risk Information, cont'd

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 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.

References

1. US Preventive Services Task Force, Davidson KW, Mangione CM, et al. Collaboration and shared decision-making between patients and clinicians in preventive health care decisions and US Preventive Services Task Force recommendations. *JAMA*. 2022;327(12):1171-1176. 2. Colorectal (colon) cancer: what can I do to reduce my risk? Centers for Disease Control and Prevention. Updated February 23, 2023. Accessed May 25, 2023. https://www.cdc.gov/cancer/colorectal/basic_info/prevention.html 3. Imperiale TF, Ransohoff DF, Itzkowitz SH, et al. Multitarget stool DNA testing for colorectal-cancer screening. *N Engl J Med*. 2014;370(14):1287-1297.



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