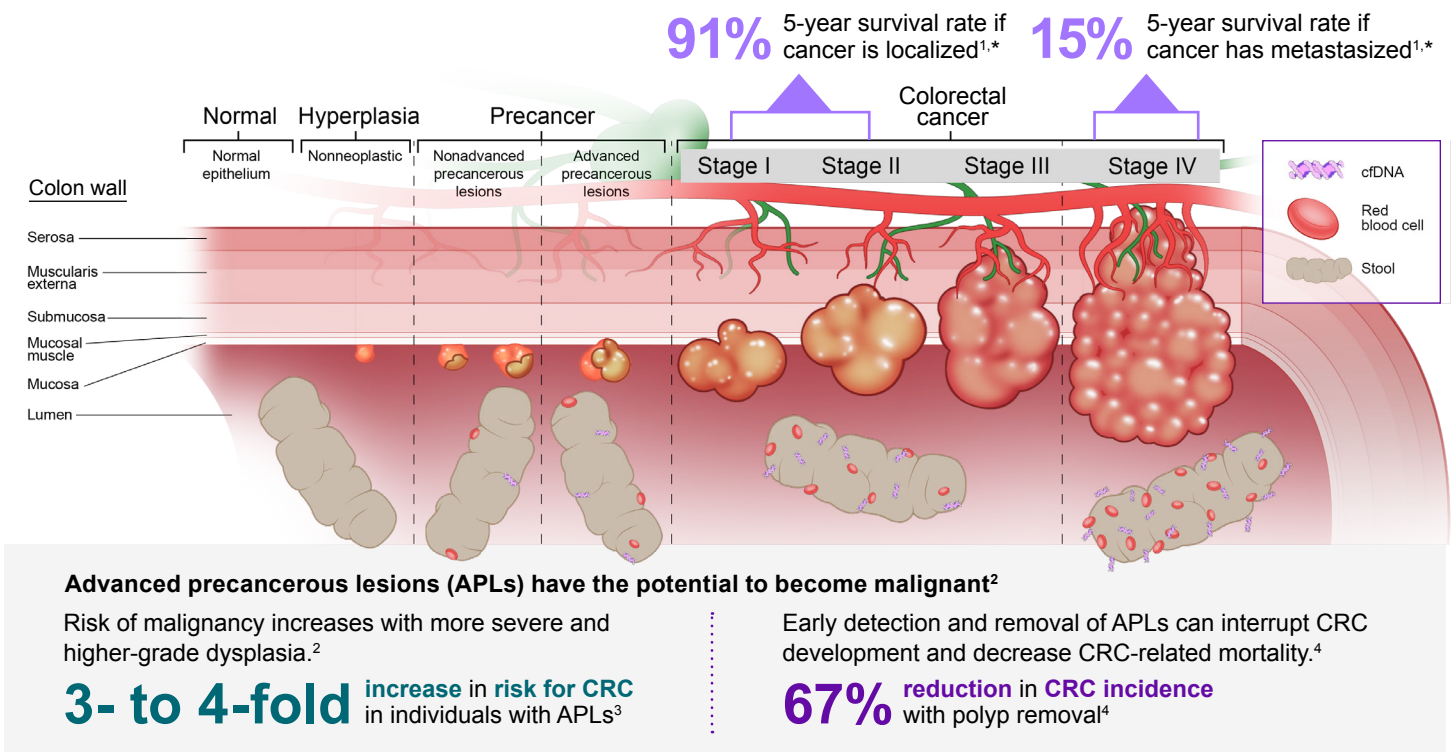


Unlocking Precancer Detection: Physiology to Screening Strategies



PRECANCER DETECTION IS CRITICAL BECAUSE SURVIVAL RATES ARE HIGHER WHEN CRC IS DETECTED EARLY¹



USPSTF RECOMMENDED CRC SCREENING STRATEGIES⁵

- Colonoscopy
- FIT/HSgFOBT
- CT colonography
- mt-sDNA test
- Flexible sigmoidoscopy

CMS COVERAGE FOR BLOOD-BASED CRC TESTING⁶

Who's eligible?

- Asymptomatic, average-risk individuals aged 50-85

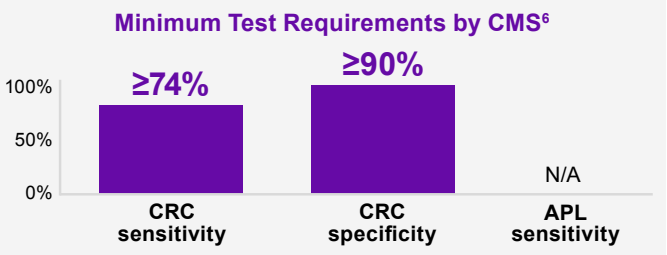
Frequency

- Every 3 years

Requirements

- FDA market authorization
- Performed in a CLIA-certified laboratory

- Must meet minimum test requirements
- A positive blood test result necessitates a follow-up colonoscopy



PRECANCER SENSITIVITY

Performance data presented in this table were collected in separate studies and are not direct evidence comparing these different screening modalities.

Precancer sensitivity	13% (n=321) ⁷	 Blood-Based Single Cancer Screening Test Analyzes plasma for cfDNA associated with CRC ⁷	29% (n=32) ⁷	HGD sensitivity	
	STOOL/VISUAL-BASED MODALITIES				
	89-95% (n=2290) ⁸	 Colonoscopy Direct visualization ⁸	Data not available		
	43% (n=1962) ⁹	 Cologuard Plus® Test Analyzes stool for hemoglobin + DNA biomarkers associated with CRC ^{9,10}	74% (n=106) ⁹		
	23% (n=3372) ⁹	 FIT[†] Analyzes stool for hemoglobin ¹⁰	48% (n=106) ⁹		

Knowledge of a positive mt-sDNA test during colonoscopy improved adenoma detection rate (ADR) by 18-26%. After a positive stool-based test, patients should expect an overall ADR of ≥40%.^{11,12}

EXACT
SCIENCES

is now

 ABBOTT



Disclaimer: The Cologuard Plus® test is intended to screen adults 45 and older at average risk for colorectal cancer. Rx only. This document is not for promotional use.

*5-year relative survival rates are based on patients in the United States diagnosed between 2014 and 2020, with follow-up through 2021. †OC-Auto Micro 80, Polymedco, Inc.
ADR: adenoma detection rate; **APL:** advanced precancerous lesion; **cfDNA:** cell-free DNA; **CLIA:** Clinical Laboratory Improvements Amendments; **CMS:** Centers for Medicare & Medicaid Services; **CRC:** colorectal cancer; **CT:** computed tomography; **FDA:** Food and Drug Administration; **FIT:** fecal immunochemical test; **HGD:** high-grade dysplasia; **HSgFOBT:** high-sensitivity guaiac-based fecal occult blood test; **mt-sDNA:** multi-target stool DNA; **USPSTF:** United States Preventive Services Task Force.
1. Siegel RL, et al. *CA Cancer J Clin.* 2026:e70043. 2. Shussman N, Wexner SD. *Gastroenterol Rep (Oxf).* 2014;2(1):1-15. 3. He X, et al. *Gastroenterol.* 2020;158(4):852-861.e4. 4. Shaikat A, et al. *Gastroenterol.* 2021;160(4):1397-1399.e3. 5. Davidson KW, et al. *JAMA.* 2021;325(19):1965-1977. 6. CMS. Decision memo for screening for colorectal cancer – blood-based biomarker tests (CAG-00454N). Accessed February 24, 2026. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=299> 7. Shaikat A, et al. *JAMA.* 2025;334(1):56-63. 8. Lin JS, et al. *JAMA.* 2021;325(19):1978-1998. 9. Cologuard Plus Clinician Brochure. Exact Sciences Corporation. Madison, WI. 10. Wolf AMD. *CA Cancer J Clin.* 2018;68(4):L250-281. 11. Anderson JC, et al. *Cancer Prev Res.* 2022;15(7):455-464. 12. Buttery LF, et al. *Am J Gastroenterol.* 2024;119(11):2215-2223.