

2015 Annual Meeting

July 23, 2015



Safe harbor statement

Certain statements made in this presentation contain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities and Exchange Act of 1934, as amended that are intended to be covered by the "safe harbor" created by those sections. Forward-looking statements can generally be identified by the use of forward-looking terms such as "believe," "expect," "may," "will," "should," "could," "seek," "intend," "plan," "estimate," "anticipate" or other comparable terms. All statements other than statements of historical facts included in this presentation regardin our strategies, prospects, financial condition, operations, costs, plans and objectives are forward-looking statements. Examples of forward-looking statements include, among others, statements we make regarding expected future operating results, anticipated results of our sales and marketing efforts, expectations concerning payer reimbursement and the anticipated results of our product development efforts. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements include, among others, the following: our ability to successfully and profitably market our products; the acceptance of our products by patients and health care providers; the amount and nature of competition from other cancer screening products and procedures; our ability to maintain regulatory approvals and comply with applicable regulations; our success establishing and maintaining collaborative and licensing arrangements; our ability to successfully develop new products; and the other risks and uncertainties described in the Risk Factors and in the Management's Discussion and Analysis of Financial Condition and Results of Operations sections of our most recently filed Annual Report on Form 10-K and our subsequently filed Quarterly Report(s) on Form 10-Q. We undertake no obligation to publicly update any forward-looking statement, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.



Kevin T. Conroy Chairman, President & Chief Executive Officer





Agenda

- Election of Directors
- Advisory Vote on Executive Compensation
- Approval of Amendment to 2010 Omnibus Long-Term Incentive Plan
- Ratification of Appointment of Independent Registered
 Public Accounting Firm
- Management Report
- Question & Answer Session



Proposal 1 Election of Class III Directors



Election of Class III Directors

Thomas D. Carey

- Founder and Managing Partner, Perspective Group LLC
- Director since 2013

Daniel J. Levangie

- President, Insulet Delivery Solutions, and Managing Partner, ATON Partners LLC
- Director since 2010

Michael S. Wyzga

- Independent Healthcare Consultant, MSW Consulting Inc.
- Director since 2015



Proposal 2 Advisory Vote on Executive Compensation



Proposal 3 Approval of Amendment and Restatement of to 2010 Long-Term Incentive Plan



Proposal 4 Ratification of Appointment of Independent Registered Public Accounting Firm



Proposal 5 Ratification of Appointment of Independent Registered Public Accounting Firm



Management Report



OUR VISION

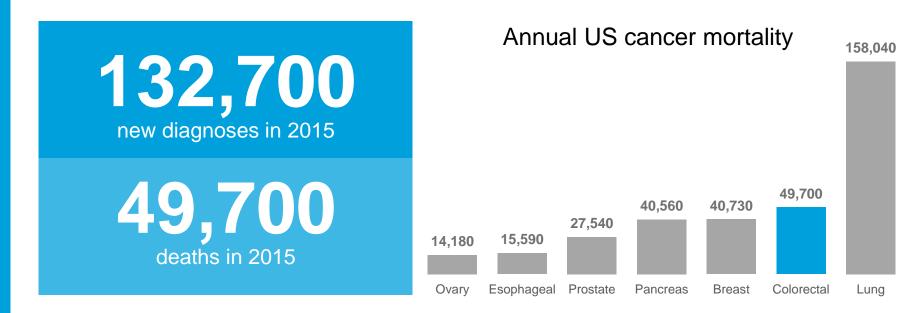
Exact Sciences is committed to helping win the war on cancer through early detection





Source: American Cancer Society Cancer Facts & Figures 2014. Atlanta: American Cancer Society; 2014.

Colon cancer: America's second most lethal cancer



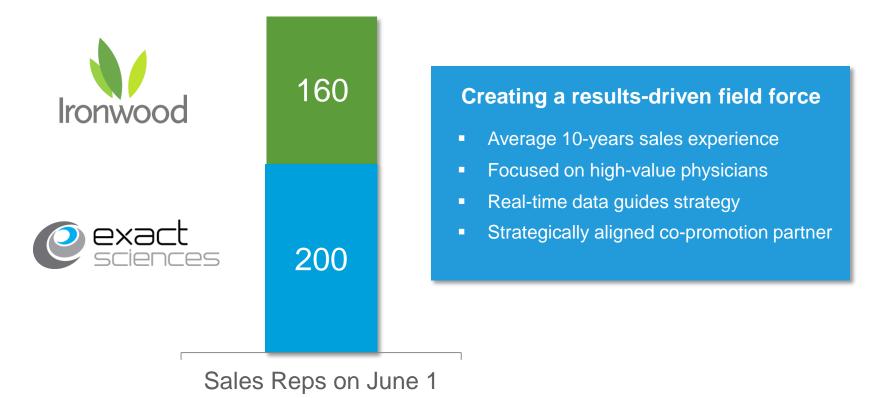


Major opportunity to improve colorectal cancer screening

The most preventable, yet least prevented cancer. - Journal of the National Cancer Institute



High quality sales force generating results





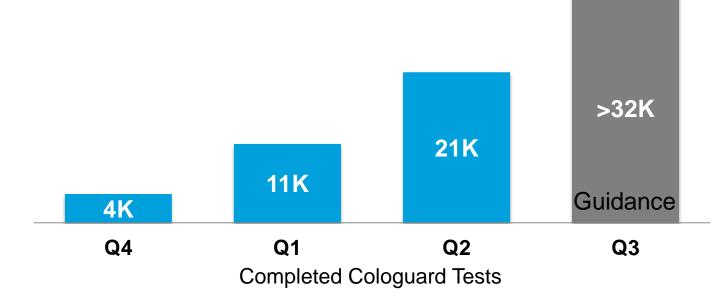
Cologuard®: Foundation to our success

- First-ever, FDA-approved, Medicare-covered non-invasive colon cancer screening test
- Developed in collaboration with Mayo Clinic
- New England Journal of Medicine results:
 - 92% cancer sensitivity (all stages)
 - 69% high grade dysplasia sensitivity
 - 87% specificity
 - 94% sensitivity for Stages I to II cancer
- Strong uptake since October 2014 launch



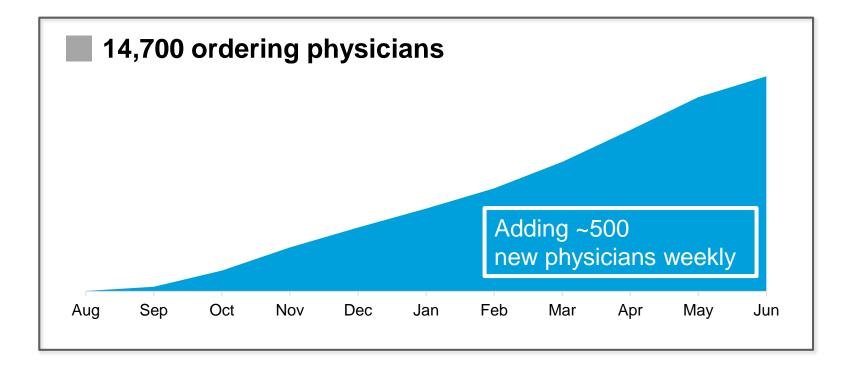


Cologuard® launch trajectory strong



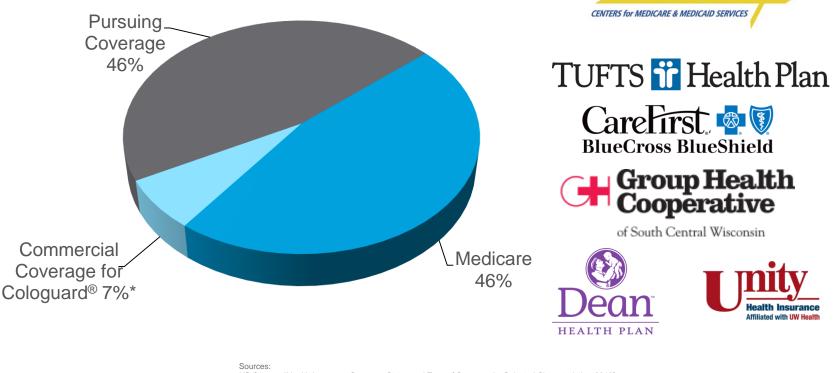


Number of physicians ordering Cologuard[®] rapidly expanding





Current landscape for insured patients 50+ years of age





US Census, "Health Insurance Coverage Status and Type of Coverage by Selected Characteristics: 2013" US Census, "State Characteristics: Vintage 2013" AIS Directory of Health Plans: 2014 Exact Sciences internal analysis "market share for individuals ages 50-64 **CN**

Comprehensive screening program driving compliance

Customer Care Center



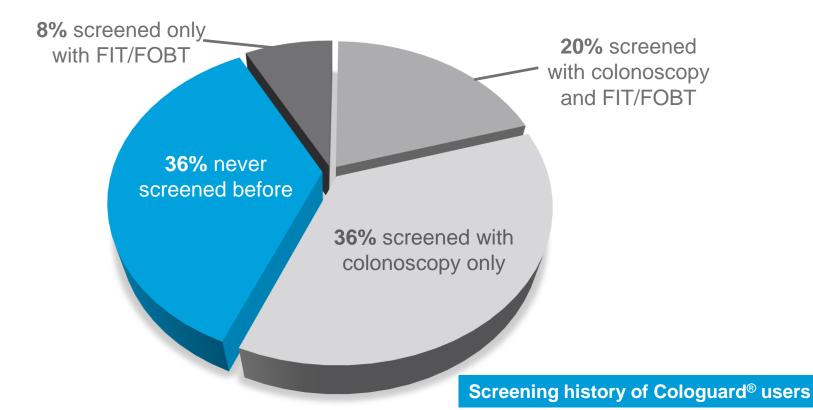
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73% Patient Compliance*

*Patient compliance rate: number of valid test results reported divided by the number of collection kits shipped to patients 60 or more days prior to June 30, 2015.



Increasing America's screening population





How Cologuard[®] is impacting lives

Steve Rubin Certified Public Accountant Long Island, New York

http://www.exactsciences.com/real-world-experience-withnoninvasive-cologuard





Exact Sciences Pipeline



Building a multibillion dollar pipeline on Cologuard's platform

	Annual U.S. Testing opportunities*
Cologuard expansion	>3M
Pancreatic cancer	>500K
Esophageal cancer	>1M
Lung cancer	>14M



Exact Sciences is well-positioned to tackle today's screening challenge

Scientific Capabilities	Robust chemistry automation platform
Ability to Collaborate	Successful collaboration with Mayo Clinic
Clinical Trial Execution	DeeP-C was a 10,000 patient clinical trial
FDA/CMS Experience	Pioneered parallel review with Cologuard®
Commercial Capability	200-person primary care sales force



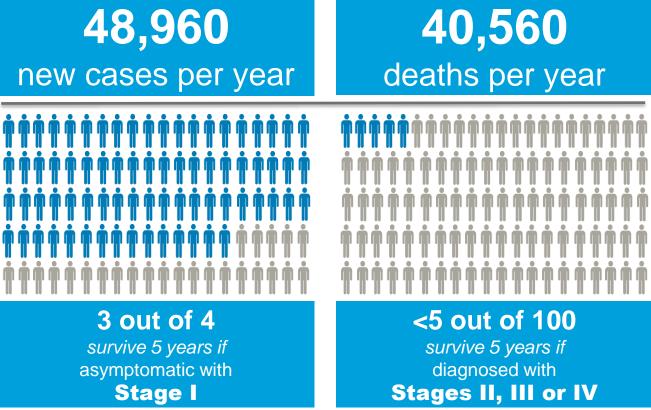
Multiple opportunities to expand Cologuard® use



- Evaluating broader US screening populations
 - High-risk individuals (~20M Americans)
 - 40-49 year olds (~41M Americans)
 - Addressing these markets requires
 - Clinical and pharmacoeconomic data
 - Guideline committees support
 - Regulatory support



Pancreatic cancer: Urgency to detect in earliest stage

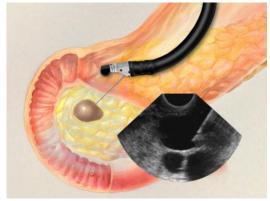




Sources: SEER 18 2004-2010 Am Cancer Soc. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

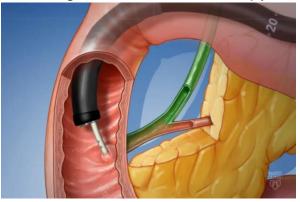
Challenges and opportunities in detecting pancreatic cancer

Limited Accuracy of Fine Needle Aspirate (FNA)



Accuracy detecting mass/nodule	50-95%
Accuracy detecting cyst	30%

Pancreatic Juice Collected During a Standard Endoscopy



Sources: *Kisiel et al. Clin Cancer Res 2015 PMID:26023084.DOI:10.1158/1078-0432.CCR-14-2469 ** EXAS analysis



US market opportunity to detect pancreatic cancer

	# of Patients with Cysts that need Monitoring	US Market Opportunity
Diagnosing pancreatic cysts for high-grade dysplatia	500K	\$500M+



Esophageal cancer: One of most lethal cancers in US







Source: Am Cancer Soc. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

Challenges and opportunities in detecting Barrett's Esophagus

Random Biopsies



x Random biopsiesFocal dysplasia

Challenges

Poor adherence

50% miss rate for cancer and focal high-grade dysplasia



Sources: Sharma P et al. Clin Gastroenterol Hepatol 2006;4:566. Reid B et al. Am J Gastroenterol 2000; 95: 3089 Falk GW et al. Gastrointest Endosc 1999;49:170–6. Thomas T et al. Aliment Pharmacol Ther 2005;21:747–55.

Esophageal Brushing



Focal dysplasia

Opportunity

Modification to current endoscope

3-marker panel demonstrates sensitivity 81% for any dysplasia, 100% early EAC**

Source: *Taylor et al. DDW 2015, **Iyer et al. DDW 2015 EAC: esophageal adenocarcinoma

US market opportunity for esophageal cancer early detection

	Total Number of Patients in Addressable Population Per Year	US Market Opportunity
Dysplasia surveillance (every 2 years for diagnosed Barrett's patients)	1M+	\$500M+



Lung cancer: Joining forces with MD Anderson

- exact sciences
- Experience developing breakthrough technologies
- Efficiency navigating regulatory approvals
- Large diagnostic sales force

THE UNIVERSITY OF TEXAS MDAnderson Cancer Center

- Leading cancer center
- Proven research capabilities
- Clinical trial expertise
- Effective advocacy
 engagement

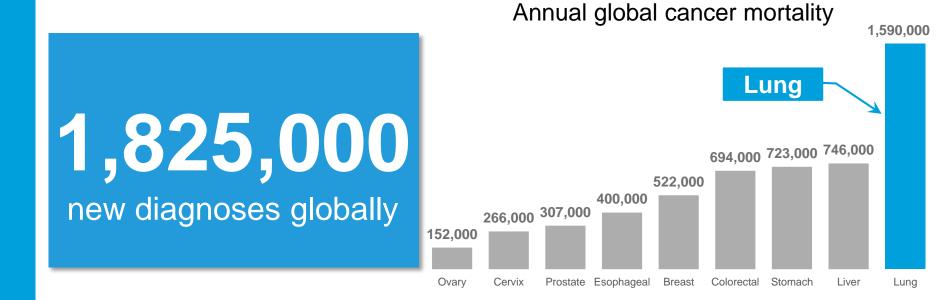
Lung Cancer: America's leading cancer killer



Annual US cancer mortality 158,040 Lung 49.700 40,730 40.560 27,540 14,180 4,100 Cervix Ovary Prostate Pancreas Breast Colorectal Lung

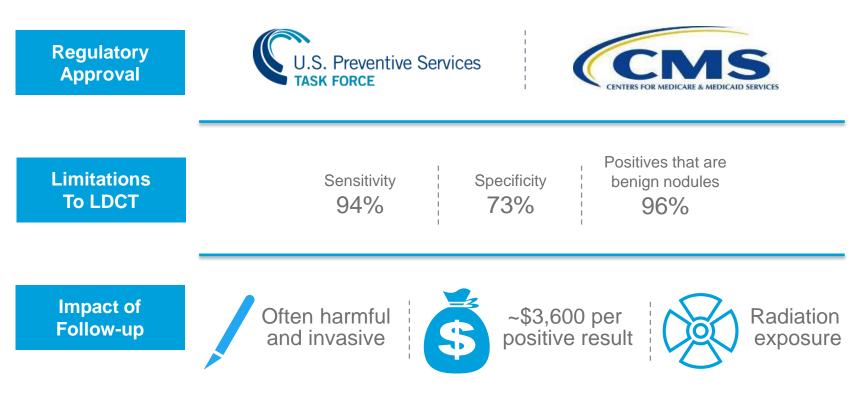


Lung Cancer: World's leading cancer killer



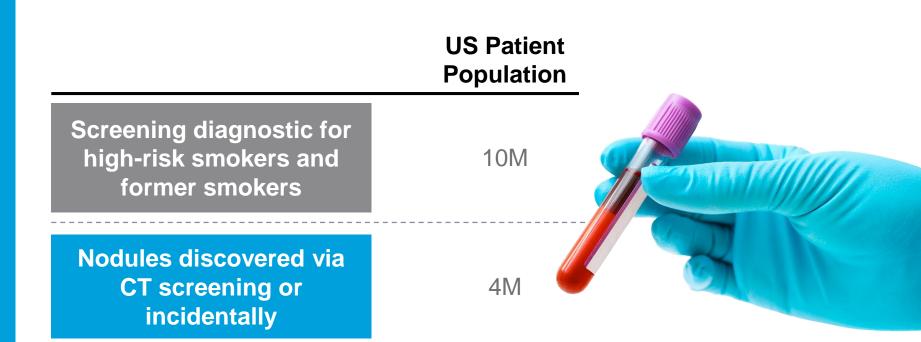


Challenges and costs of recommending LDCT screening





Bringing blood-based tests to large populations





Monitoring US population for nodules will compound annually to reach more than 20M

High follow-up, high positive LDCT attrition

24 21 18 ^oopulation (M) ~4M patients with nodules 15 added annually 12 9 6 3 = 4MYears from Launch



Financial performance remains strong

Q2 revenues

\$8.1 million

Q2 operating expense

\$42.4 million

Q2 end cash balance

\$210.8 million

July 20, 2015 financial offering

\$175 million

Stock appreciating 53% year-over-year

July 24, 2014: \$16.52/share July 23, 2015: \$25.29/share



Bringing our team together Proposed downtown Madison headquarters





Bringing our team together Proposed downtown Madison headquarters





Celebrating the integrity and commitment of Sally Crawford

- Exact Sciences: Board of Directors
 - Member: August 1999 July 2015
 - Chairwoman: January 2006 April 2008
- Healthsource: Chief Operating Officer
 - April 1985 January 1997





2015 Annual Meeting of Stockholders





