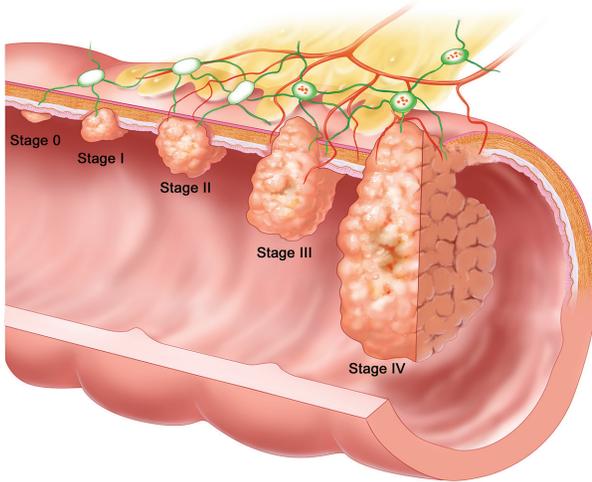


Screening for colorectal cancer (CRC) on time matters¹

How CRC develops¹



- CRC typically starts as a polyp, or growth, on the wall of the colon or rectum. Some polyps may **develop** into cancer¹
- Many people with early-stage CRC have **no symptoms**, but their cancer is detected through screening¹
- When caught in early stages, CRC is more treatable in **90%** of people^{2*}

Regular screening can help find CRC in early stages. That's why it's important to screen on time.¹

*5-year survival.²

Focus on the CRC facts



It's the most preventable, yet least prevented, form of cancer³



It's the 3rd most common cancer among men and women⁴



At least 70% of people have no family history⁵



It's on the rise in people 45-49⁶

Don't wait to screen

You have choices when it comes to screening.^{1,6}

No matter which you choose, the American Cancer Society recommends regular screening starting at age 45. Even if you've screened before, you'll need to screen again when your healthcare provider recommends.⁶

See screening options on the next page ↓

You have **choices** when it comes to CRC screening^{1,6-8}

The best test is the one that gets done

	 Colonoscopy (visual exam)	 Multitarget stool DNA test* (Cologuard [®])	 FIT/FOBT* (fecal immunochemical test/ fecal occult blood test)
 How does it work?	Uses a scope to look for and remove abnormal growths in the colon/rectum	Finds abnormal DNA and blood in the stool sample	Detects blood in the stool sample
 Who is it for?	Adults at high or average risk	Adults 45+ at average risk	Adults at average risk
 How often?	Every 10 years [†]	Every 3 years ⁶	Once a year
 Noninvasive?	No	Yes, used at home	Yes, used at home
 Prep required?	Yes, full bowel prep including fasting and laxatives	No	No/Yes [‡]
 Time it takes?	1-2 days for bowel prep and procedure	Just the time it takes to collect a sample	Just the time it takes to collect a sample
 Covered?[§]	Covered by most insurers	Covered by most insurers	Covered by most insurers
 After a positive result?	Polyps removed and examined (biopsy)	Follow-up colonoscopy	Follow-up colonoscopy

*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.

[†]For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider.

*FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.

[§]Insurance coverage can vary; only your insurer can confirm how CRC screening would be covered under your insurance policy.

Regular screening has the potential to save lives. But no one is saved by not screening.⁷

Choose an option to discuss with your prescriber today:

- Colonoscopy
 Multitarget stool DNA test
 FIT/FOBT
 None

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