<Header as appropriate for mail or email letter>

Dear <Patient Name>:

The numbers are clear: According to the American Cancer Society, colorectal cancer (CRC) is the second-leading cause of cancer death in the United States, killing about 53,000 Americans each year—even more than breast or prostate cancer.1 CRC is often considered the most preventable—but least prevented—form of cancer.2 The good news is that CRC may be preventable through screening. When caught in earlier stages, CRC is more treatable in 90% of people.3‡

Our records indicate that you may be eligible for your next CRC screening. You may recall using Cologuard® for your last screening. The American Cancer Society guidelines recommend screening again three years after a negative Cologuard result.4 Cologuard uses advanced technology to detect altered DNA and blood in the stool, which may be caused by CRC or precancer.

As you may remember from your last screening, the Cologuard collection kit is easy to use and conveniently shipped directly to your home. No special preparation, diet, change in medication or time off is needed. Plan to collect your sample when you can get it back to UPS® the same day or the next day. Send it back to Exact Sciences Laboratories in the prepaid UPS shipping package, and results will be provided to your health care provider in a few weeks.

Please contact us at <Provider Contact Information> to discuss rescreening with Cologuard at your earliest convenience.

**Important Information**

Cologuard is intended to screen adults 45 years of age and older who are at average risk for colorectal cancer by detecting certain DNA markers and blood in the stool. Do not use if you have had adenomas, have inflammatory bowel disease and certain hereditary syndromes, or a personal or family history of colorectal cancer. Cologuard is not a replacement for colonoscopy in high risk patients. Cologuard performance in adults ages 45-49 is estimated based on a large clinical study of patients 50 and older. Cologuard performance in repeat testing has not been evaluated.

The Cologuard test result should be interpreted with caution. A positive test result does not confirm the presence of cancer. Patients with a positive test result should be referred for diagnostic colonoscopy. A negative test result does not confirm the absence of cancer. Patients with a negative test result should discuss with their doctor when they need to be tested again. False positives and false negative results can occur. In a clinical study, 13% of people without cancer received a positive result (false positive) and 8% of people with cancer received a negative result (false negative). Rx only.

‡Based on 5-year survival

**References: 1.** American Cancer Society. Cancer facts & figures 2021. 2021. Accessed March 3, 2021. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf **2.** Itzkowitz SH. Incremental advances in excremental cancer detection tests. *J Natl Cancer Inst.* 2009;101(18):1225-1227. doi:10.1093/jnci/djp273 **3.** National Cancer Institute. Cancer stat facts: Colorectal cancer. Accessed March 31, 2021. https://seer.cancer.gov/statfacts/html/colorect.html. **4**. Wolf AMD, Fontham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2018;68(4):250-281. doi:10.3322/caac.21457

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