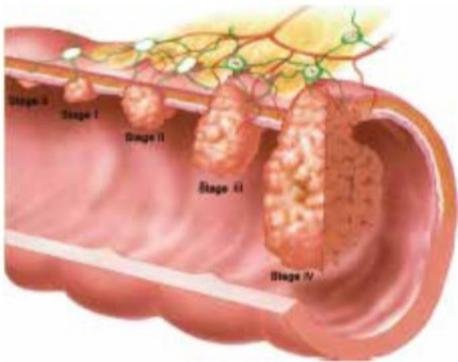


# Screening for colorectal cancer (CRC) on time *matters*

## Regular screening can help find CRC in early stages

### How CRC Develops<sup>1</sup>

- CRC typically starts as a polyp, or growth, on the wall of the colon or rectum. Some polyps may develop into cancer<sup>1</sup>
- Many people with early-stage CRC have no symptoms, but their cancer is detected through screening<sup>1</sup>
- When caught in early stages, CRC is more treatable in 90% of people<sup>2\*</sup>



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

\*5-year survival.<sup>2</sup>



### Focus on the CRC Facts

- It's the **most preventable**, yet least prevented, form of cancer<sup>3</sup>
- It's the **3rd most common cancer** among men and women<sup>4</sup>
- At least **70%** of people have **no family history**<sup>5</sup>
- It's on the rise in those **under age 49**<sup>6</sup>

## DON'T WAIT TO SCREEN

You have choices when it comes to screening.<sup>1,6</sup>

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.<sup>6</sup>

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# You have **choices** when it comes to CRC screening

## THE BEST TEST IS THE ONE THAT GETS DONE

Regular screening has the potential to save lives. But no one is saved by not screening.<sup>7</sup>  
Choose an option to discuss with your prescriber today.

|   | Colonoscopy<br>(visual exam)   | Multitarget stool DNA test*<br>(Cologuard*)      | FIT/FOBT*<br>(fecal immunochemical test/<br>fecal occult blood test) |
|---|--|--|--|
| <b>How does it work?</b>  | 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                                    |
| <b>Who is it for?</b>   | Adults at high or average risk   | Adults 45+ at average risk                       | Adults at average risk   |
| <b>How often?</b>   | Every 10 years <sup>†</sup>  | Every 3 years <sup>6</sup>                       | Once a year  |
| <b>Noninvasive?</b>   | No   | Yes, used at home                                | Yes, used at home  |
| <b>Prep required?</b>   | Yes, full bowel prep including fasting and laxatives                     | No   | No/Yes*  |
| <b>Time it takes?</b>   | 1-2 days for bowel prep & procedure                                      | Just the time it takes to collect a sample       | Just the time it takes to collect a sample                           |
| <b>Covered?</b>   | Covered by most insurers   | Covered by most insurers                         | Covered by most insurers   |
| <b>After a positive result?</b>   | Polyps removed and examined (biopsy)                                     | Follow-up colonoscopy                            | Follow-up colonoscopy  |
| <p>*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.<br/>           *FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.<br/> <sup>†</sup>For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider.<br/> <sup>§</sup>Insurance coverage can vary; only your insurer can confirm how CRC screening would be covered under your insurance policy.</p> |  |  |  |

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