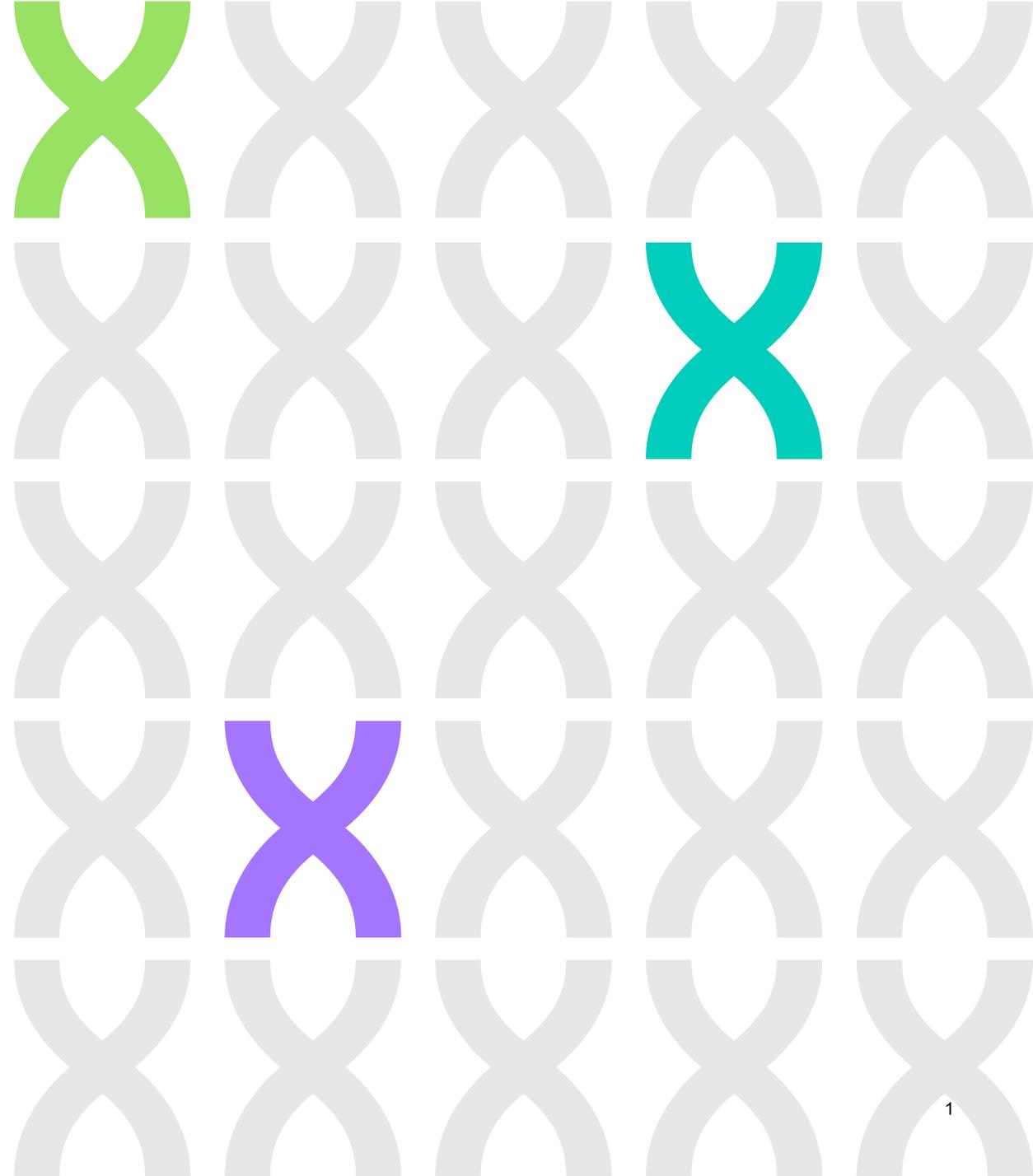


CRC SCREENING AMIDST COVID-19

Cancer Doesn't Stop

June 2020

EXACT SCIENCES



Exact Sciences Presenters

Paul Limburg

MD, MPH



**Chief Medical Officer,
Screening**

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**Sr. Director,
Clinical Lab Operations**

Katerina Gryparis



**Director,
Customer Experience**



Unprecedented Challenges

Screening during the COVID-19 pandemic

What's happening with CRC screening now?

- ▶ Postponed
- ▶ Patient Fear
- ▶ Reduced Capacity

Sources: American Cancer Society. *Should people still get screened during the COVID-19 pandemic?* <https://www.cancer.org/latest-news/common-questions-about-the-new-coronavirus-outbreak.html> Accessed May 18th, 2020.

Digestive Health Physicians Association. Joint AGA/DHPOA Guidance: Recommendations for resumption of elective endoscopy during the COVID-19 pandemic. <https://www.dhpassociation.org/2020/04/27/aga-dhpa-resume-endoscopy-covid19/>. Updated April 27, 2020. Accessed May 8, 2020.



What could the reduction in CRC screening mean?

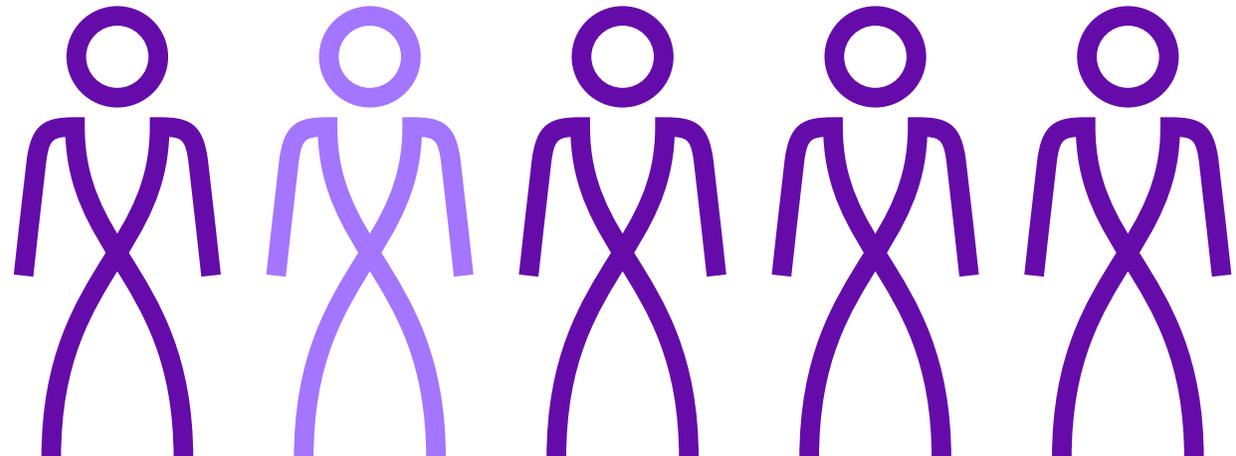
Modeled Estimates

- ▶ **9.5 Million** CRC Screenings Conducted Annually
- ▶ **72%**  fewer screenings
- ▶ **90%**  drop in colonoscopies
- ▶ **1.7 Million** fewer colonoscopies over 3 months
- ▶ **18,800** delayed CRC diagnoses

Citation: IQVIA Institute: *Shifts in Healthcare Demand, Delivery and Care During the COVID-19 Era*. April 2020. <https://www.iqvia.com/insights/the-iqvia-institute/covid-19/shifts-in-healthcare-demand-delivery-and-care-during-the-covid-19-era> Accessed May 13th, 2020

CRC Deaths are Associated with Failure to Screen

76% of CRC deaths occurred in patients who **were not up to date with screening**
(As seen in Kaiser system patients who died of CRC between 2006 and 2012.)



Source: Doubeni. *Gastroenterology* 2019.

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Action is Necessary



Losing gains made in CRC screening



Avoidable cancers and deaths



Screening backlog



**mt-sDNA:
A Stool-Based DNA Screening
Option for Patients at Average
Risk of CRC**

Cologuard (mt-sDNA): Indications and Contraindications¹

Indications for Use Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen adults of either sex, 45 years or older, who are at typical average-risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high risk individuals.

Contraindications Cologuard is intended for use with patients, age 45 years and older, at average risk who are typical candidates for CRC screening. Cologuard was not clinically evaluated for the following types of patients:

- Patients with a history of colorectal cancer, adenomas, or other related cancers.
- Patients who have had a positive result from another colorectal cancer screening method within the last 6 months.
- Patients who have been diagnosed with a condition that is associated with high risk for colorectal cancer. These include but are not limited to: Inflammatory Bowel Disease (IBD), Chronic ulcerative colitis (CUC), Crohn's disease, Familial adenomatous polyposis (FAP), Family history of colorectal cancer.
- Patients who have been diagnosed with a relevant familial (hereditary) cancer syndrome, such as Hereditary non-polyposis colorectal cancer syndrome (HNPCCC or Lynch Syndrome), Peutz-Jeghers Syndrome, MYH-Associated Polyposis (MAP), Gardner's syndrome, Turcot's (or Crail's) syndrome, Cowden's syndrome, Juvenile Polyposis, Cronkhite-Canada syndrome, Neurofibromatosis, or Familial Hyperplastic Polyposis.

mt-sDNA=mutitarget stool DNA. IBD=inflammatory bowel disease.

1. Cologuard[®] Physician Brochure. Madison, WI: Exact Sciences Corporation.

Cologuard (mt-sDNA): Warnings and Precautions¹

The performance of Cologuard has been established in a cross-sectional study (i.e., single point in time). Programmatic performance of Cologuard (i.e., benefits and risks with repeated testing over an established period of time) has not been studied. Performance has not been evaluated in adults who have been previously tested with Cologuard. Non-inferiority or superiority of Cologuard programmatic sensitivity as compared to other recommended screening methods for CRC and AA has not been established.

The clinical validation study was conducted in patients 50 years of age and over. ACS Guidelines recommend screening begin at age 45. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

CRC screening guideline recommendations vary for persons over the age of 75. The decision to screen persons over the age of 75 should be made on an individualized basis in consultation with a healthcare provider. Cologuard test results should be interpreted with caution in older patients as the rate of false positive results increases with age.

A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Patients with a negative Cologuard test result should be advised to continue participating in a colorectal cancer screening program with another recommended screening method. The screening interval for this follow-up has not been established.

Cologuard may produce false negative or false positive results. A false positive result occurs when Cologuard produces a positive result, even though a colonoscopy will not find cancer or precancerous polyps. A false negative result occurs when Cologuard does not detect a precancerous polyp or colorectal cancer even when a colonoscopy identifies the positive result.

Cologuard (mt-sDNA): Warnings and Precautions (continued)¹

Patients should not provide a sample for Cologuard if they have diarrhea or if they have blood in their urine or stool (e.g., from bleeding hemorrhoids, bleeding cuts or wounds on their hands, rectal bleeding, or menstruation).

To ensure the integrity of the sample, the laboratory must receive the patient specimens within 72 hours of collection. Patients should send stool samples to the laboratory according to the instructions stated in the Cologuard Patient Guide.

Patients should be advised of the caution listed in the Cologuard Patient Guide. Patients should NOT drink the preservative liquid.

The risks related to using the Cologuard Collection Kit are low, with no serious adverse events reported among people in a clinical trial. Patients should be careful when opening and closing the lids to avoid the risk of hand strain.

mt-sDNA=multitarget stool DNA.

1. Cologuard® Physician Brochure. Madison, WI: Exact Sciences Corporation.

Guidelines Recommend Routine CRC Screening for Persons Aged 50-75 Years



**US Preventive
Services Task Force
(USPSTF) 2016¹**

**American Cancer Society
(ACS) 2018^{2*}**

**National Comprehensive
Cancer Network[®]
(NCCN[®])** 2020³**

**US Multi-Society
Task Force
(MSTF) 2017⁴**

*ACS recommends screening starting at age 45 years.

**All recommendations are category 2A unless otherwise indicated. NCCN makes no representations or warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

CRC=colorectal cancer.

1. Bibbins-Domingo K et al. *JAMA*. 2016;315(23):2564-2575. 2. Wolf AMD et al. *CA Cancer J Clin*. 2018;68(4):250-281. 3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology - colorectal cancer screening. Version 1.2020. Updated April 22, 2020. https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf. Accessed May 18, 2020 4. Rex DK et al. *Am J Gastroenterol*. 2017;112(7):1016-1030.

Guidelines Recommend Offering Choice of CRC Screening Options to Help Improve Adherence^{1,2}

In shared decision making, health care providers:

- offer options
- describe their risks and benefits
- and-
- patients express their preferences and values³



USPSTF 2016¹

INFORMED DECISION MAKING

ACS 2018²

CHOICE

CRC=colorectal cancer. USPSTF=US Preventative Services Task Force. ACS=American Cancer Society.

1. Bibbins-Domingo K et al. *JAMA*. 2016;315(23):2564-2575.

2. Wolf AMD et al. *CA Cancer J Clin*. 2018;68(4):250-281.

3. Barry MJ, Edgman-Levitan S. *N Engl J Med*. 2012;366(9):780-781.

Impact of mt-sDNA (Cologuard®)

3.5M+

People screened since launch¹

48%

Users surveyed say they have never been screened before¹

71%

Medicare patient adherence²

1. Exact Sciences Company Internal Data.

2. Weiser E, Parks PD, Swartz RK, et al. Cross-sectional adherence with the multi-target stool DNA test for colorectal cancer screening: Real-world data from a large cohort of older adults. J Med Screen. 2020 Feb 13:969141320903756. Epub ahead of print.



Mt-sDNA performance established in 10,000-patient study

NEJM-published prospective study conducted across 90 sites that included patients 50-84 years old at average risk for CRC

	Mt-sDNA Performance	FIT [†] Performance	P-Value
Cancer	92.3% (83.0-97.5)	73.8% (61.5-84.0)	0.0018
Advanced Adenoma	42.4% (38.9-46.0)	23.8% (20.8-27.0)	<0.0001
Specificity*	86.6% (85.9-87.2)	94.9% (94.4-95.3)	<0.0001

Rx only. Complete product labeling available at CologuardTest.com.

*All nonadvanced adenomas, non-neoplastic findings, and negative results on colonoscopy, excludes cancer and advanced adenomas

†Polymedco OC FIT-CHEK®

Imperiale TF et al. N Engl J Med. 2014;370(14):1287-1297.

Study funded by Exact Sciences.

Evidence Demonstrated High Compliance With mt-sDNA and Follow-Up Diagnostic Colonoscopy¹

77 primary care physicians offered mt-sDNA to Medicare patients aged 50-85 who were at average risk of CRC and were noncompliant with CRC screening recommendations (N=393)*

Of the 393 previously noncompliant patients,

347 (88.3%) were compliant with mt-sDNA over 12 months



Of the 51 patients with positive mt-sDNA results,

49 (96.1%) were compliant with follow-up colonoscopy over 12 months



Patients with positive results on mt-sDNA were referred for **follow-up diagnostic colonoscopy**

*Noncompliance with CRC screening recommendations was defined as >10 years since last colonoscopy and/or >1 year since last FOBT.

mt-sDNA=multitarget stool DNA. EHR=electronic health record. CRC=colorectal cancer. FOBT=fecal occult blood test.

1. Prince M et al. *World J Gastroenterol.* 2017;23(3):464-471.

mt-sDNA Is Included in Major Quality Measures, Making It Part of the **Standard of Care** for CRC Screening

- ✓ **MACRA¹** | Medicare Access and CHIP Reauthorization Act of 2015
- ✓ **Medicare Advantage Stars Rating Program²**
- ✓ **eCQM³** | Electronic Clinical Quality Measures
- ✓ **UDS⁴** | Health Resources and Services Administration Uniform Data Set
- ✓ **HEDIS^{®5}** | Healthcare Effectiveness Data and Information Set

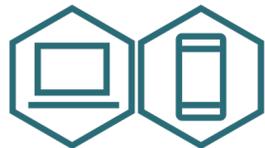
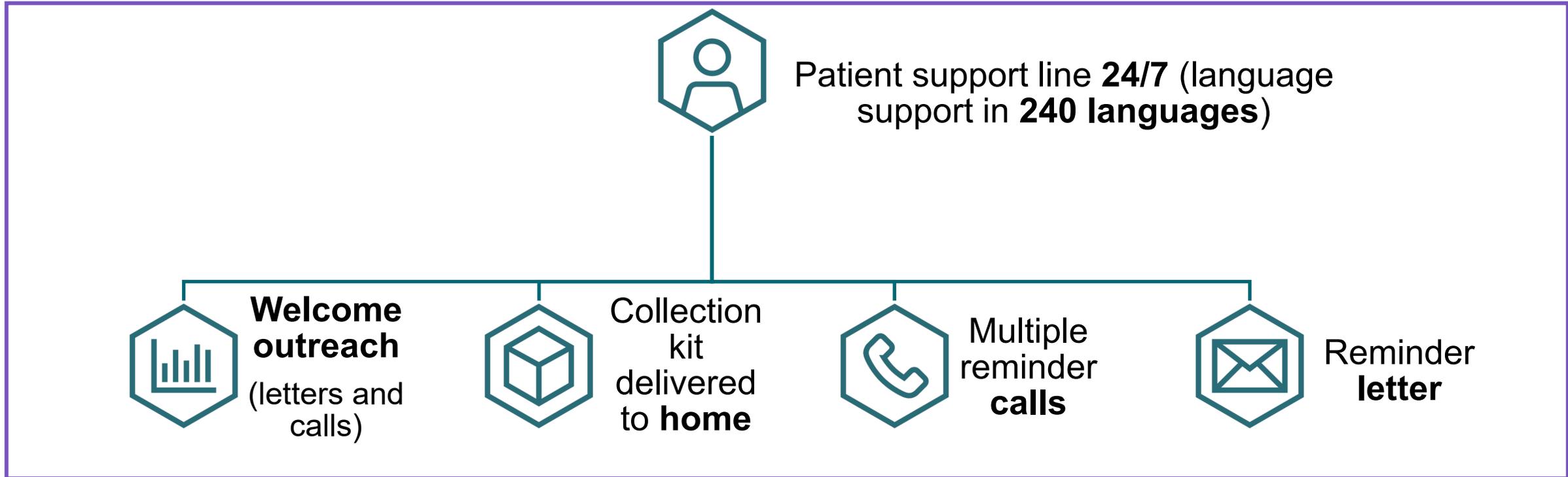


*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). Third-party guidelines and quality measures do not specifically “endorse” commercial products, and inclusion in same does not imply otherwise.
mt-sDNA=multitarget stool DNA. CRC=colorectal cancer.

1. Decision memo for screening for colorectal cancer—stool DNA testing (CAG-00440N). CMS website. <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=277>. Updated October 9, 2014. Accessed February 5, 2019. 2. Announcement of calendar year (CY) 2018 Medicare Advantage capitation rates and Medicare Advantage and Part D payment policies and final call letter and request for information. CMS website. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/Downloads/Announcement2018.pdf>. Updated April 3, 2017. Accessed February 5, 2019. 3. eCQMs for 2019 performance period: colorectal cancer screening. eCQI Resource Center. <https://ecqi.healthit.gov/ecqm/measures/cms130v7>. Updated May 16, 2019. Accessed June 30, 2019. 4. UDS reporting instructions for 2018 Health Center data. HRSA website. <https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-reporting-manual.pdf>. Accessed February 5, 2019. 5. HEDIS 2017 volume 2: technical update. NCQA website. https://www.ncqa.org/wp-content/uploads/2018/07/20171003_-HEDIS_2017_Volume_2_Technical_Specifications_Update.pdf. Updated October 3, 2016. Accessed February 5, 2019.

Support for Patients and Providers

Embedded patient navigation system & compliance program



In addition, the patient may opt-in for **email and/or text reminders**.

Cologuard® Physician Brochure. Exact Sciences Corporation. Madison, WI.

Enhancing Access

Nationwide, more than

94%

**of Cologuard
patients have no
out-of-pocket costs
for screening***

*Exact Sciences estimate based on historical patient billing as of January 31, 2020. Rate of coverage varies by state and region. Exceptions for coverage may apply; only your patients' insurers can confirm how Cologuard would be covered. Exact Sciences Corporation internal data on file, Madison, WI.

EXACT SCIENCES



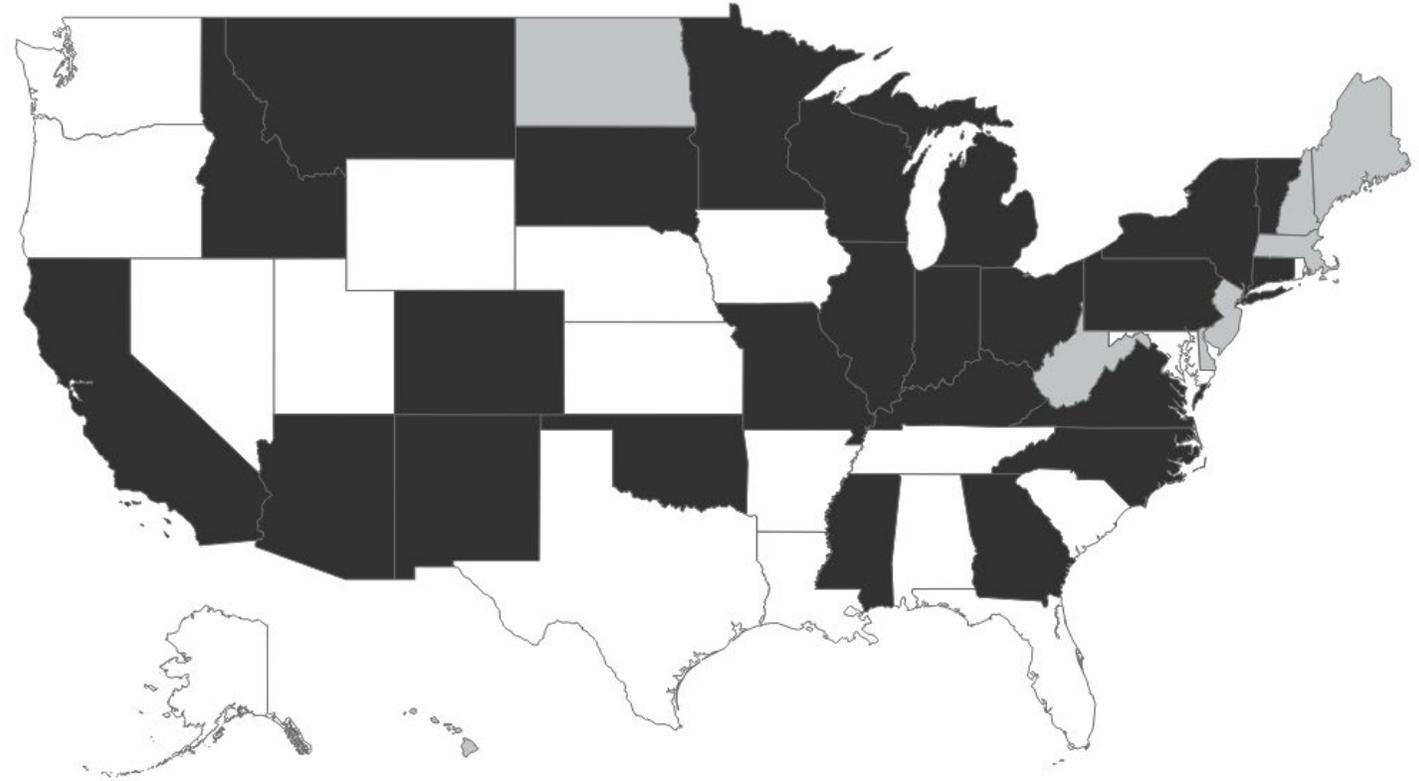
Current Medicaid Coverage

71.1%

of the 7M Medicaid age-weighted lives have coverage access to Cologuard®

>65%

of those also having State FFS Medicaid Enrollment



Exact Sciences has a Financial Assistance Program for eligible patients that is in line with industry standards.

Not Covered by State Policy	30%	2,156,000
Covered and Not Enrolled	6%	457,000
Covered and Enrolled	64%	4,567,000

Screening is possible

- ▶ **At home screening options**
- ▶ **Cologuard[®] and mail-based FIT programs**
- ▶ **Cologuard patient navigation**

- ▶ **Prioritize patients**
- ▶ **Mitigate the backlog**
- ▶ **Follow-up and Patient Anxiety**



“At Exact Sciences, we know that cancer doesn’t stop for anything.

As we continue to monitor the Coronavirus (COVID-19) pandemic, our team remains steadfast in our commitment to delivering answers to patients around the world who need our tests.”

Kevin Conroy
Chairman & CEO, Exact Sciences

Exact Sciences COVID-19 Response



Patients First



**Fully-Operational
Lab**



**Patient Care
Collaboration**

Today we seek to answer questions that have emerged about recommending Cologuard[®] during the COVID-19 outbreak

What does a positive Cologuard® result mean in the current COVID-19 environment?

- ✓ A positive Cologuard result is not a diagnosis of cancer or precancer
- ✓ In the pivotal Cologuard study of 10,000 patients, **16% of the patients had a positive result with the following distribution of findings:**

4%

had
CRC

20%

had
advanced
precancer

31%

had non-
advanced
precancer

45%

had no
cancer
or
precancer

In the same clinical study,

- 84% of patients had a negative result.
- Of those patients, there was a 99.94% chance that no CRC was present.

Imperiale TF, et al. *N Engl J Med*. 2014;370(14):1287-1297.

Hypothetical Estimate of CRC Screening Backlog Reduction

9 out of 10

Cologuard[®]

- 1,000 tests
- **66% compliance rate***
- 554 negative results
- 106 follow-up colonoscopies

36 months

* Cologuard's compliance rate represents the cumulative completed tests from kits shipped to patients during the 6-month period ending 12 months prior to the end of Q1, 2020, excluding program orders.

Calculated using assumptions based on sensitivity/specificity assumptions from Imperiale TF, et al. *N Engl J Med.*

2014;370(14):1287-1297.



10 CRC Screening & COVID-19 FAQs

**Is the Cologuard[®]
laboratory fully
operational during the
COVID-19 pandemic?**



Can patients get a Cologuard prescription through a virtual appointment?



What does a positive Cologuard[®] test result mean?



What is the risk of a delayed follow-up diagnostic colonoscopy due to the COVID-19 situation?



Should patients take any special precautions while they collect a stool sample?



**If a patient might have
COVID-19, should the
sample be collected and
sent back?**



Will UPS still pick up completed tests from patients' homes?



What do we know about COVID-19 transmission through stool?



What safety precautions does the lab take when testing stool samples?



Will COVID-19 interfere with Cologuard[®] test results?





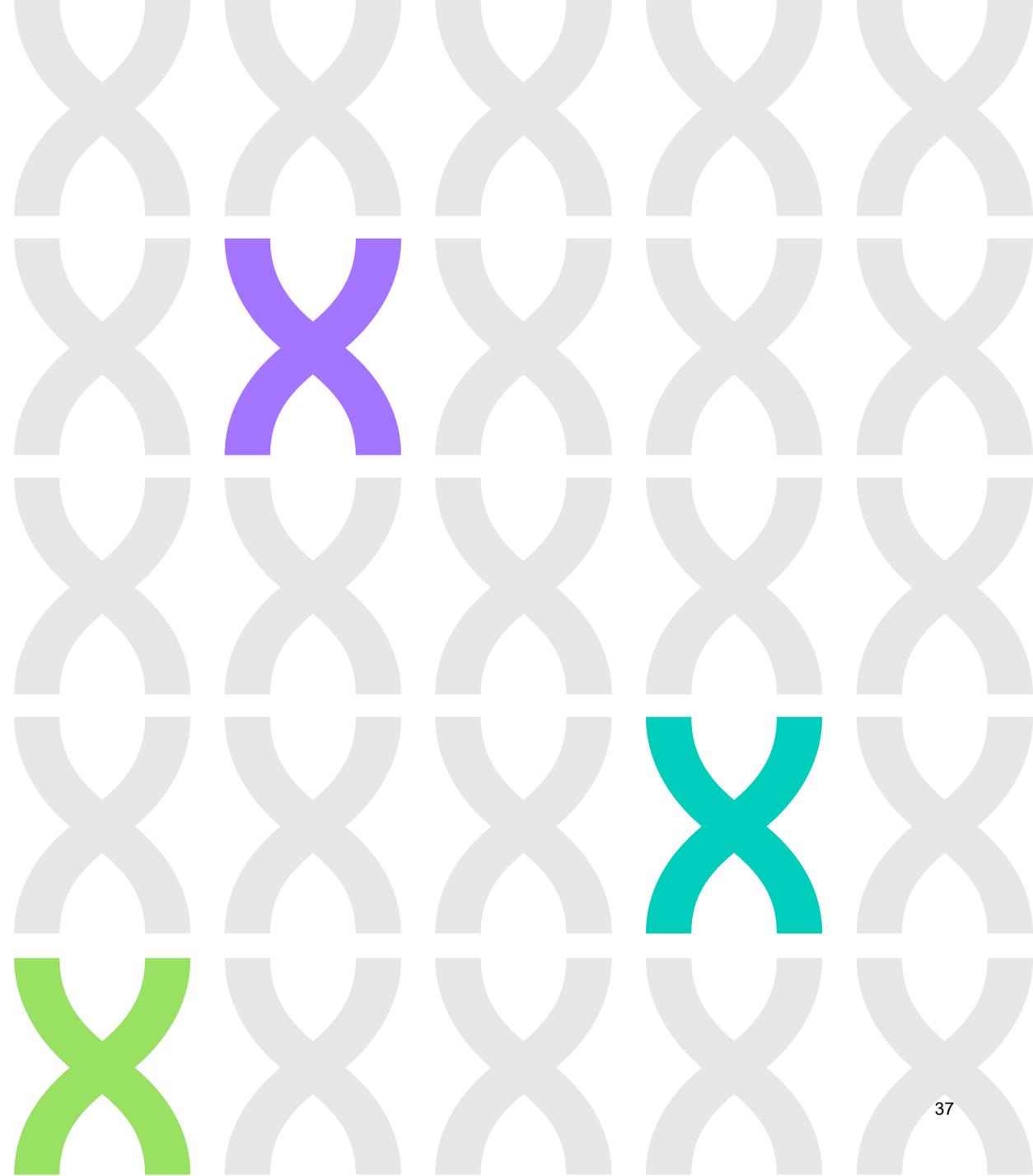
We are fully operational



**Patients can still complete
ColoGuard[®]**



**Get screened while
maintaining social distance**





Questions & Answers



Have Additional Questions?

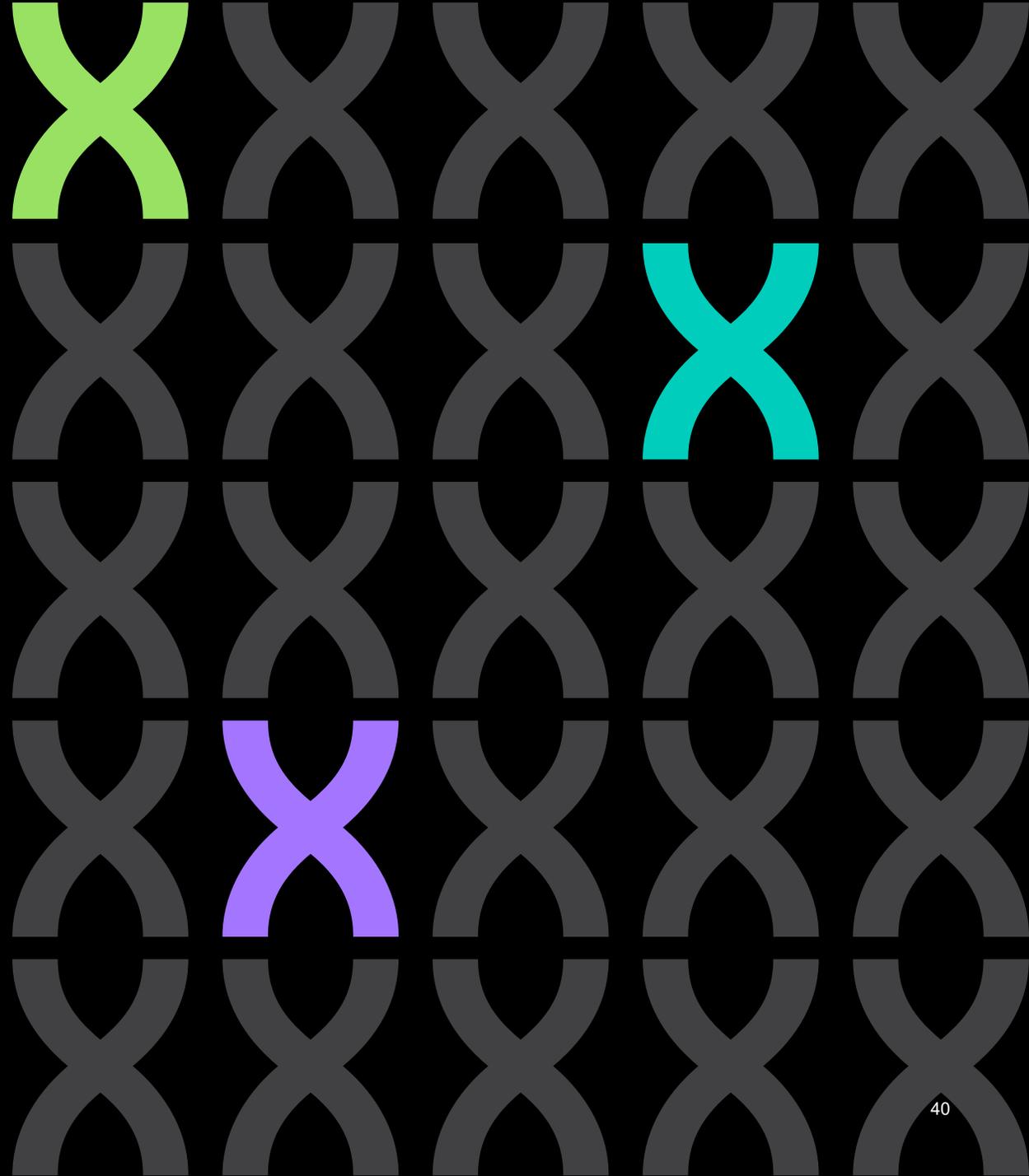
Option 1:

Cologuardtest.com → “View healthcare professional site” → “Contact Us”

Option 2:

Exact Sciences Laboratories Customer Care Line: 1-844-870-8870

THANK YOU



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