# Tips for Cologuard® Completion

Review key points from the **Cologuard Patient Brochure** to help encourage patient adherence and timely kit completion.





Page 2

### Reinforce the importance of screening on time

 Explain how screening on time is important because when detected in early stages, colorectal cancer (CRC) is more treatable







Page 4

## **Confirm** the collection and return process

- · Store the Cologuard collection kit on the back of the toilet for easy use
- An acceptable stool sample should be no larger than the bottle of liquid in the kit and should not be provided if there is diarrhea or blood in the stool
- Patients should plan to collect their sample when they can get it back to UPS<sup>®</sup> on that same day or the next day





### Set expectations

- Set a 2-week timeframe to use the Cologuard collection kit
- Expect welcome outreach from the Exact Sciences Customer Care Center
- The Customer Care Center is available 24/7, in over 200 languages, to help patients complete their Cologuard collection kit at 1-844-870-8870

Scan to explore Cologuard's comprehensive support, designed with your patients in mind.





Patients should not provide a sample for Cologuard if they have diarrhea or if they have blood in their urine or stool (eg, from bleeding hemorrhoids, bleeding cuts or wounds on their hands, rectal bleeding, or menstruation). 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 lid to avoid the risk of hand strain.<sup>1</sup>

# What's inside the Cologuard® Collection Kit

The Cologuard collection kit is easy to use. If a patient has questions, a live Customer Support Specialist is available to assist at 1-844-870-8870



Shipping box

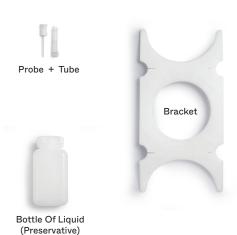


Patient Guide Instructions





Sample Labels





Have your patients scan the QR code to watch a short, helpful video on how to use the collection kit at Cologuard.com/use



Additional provider support available online at Cologuardhcp.com/resources or by calling 1-844-870-8870

#### **Indications and Important Risk Information**

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 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.

Cologuard is not for high-risk individuals, including patients with a personal history of colorectal cancer and adenomas; have had a positive result from another colorectal cancer screening method within the last 6 months; have been diagnosed with a condition associated with high risk for colorectal cancer such as IBD, chronic ulcerative colitis, Crohn's disease; or have a family history of colorectal cancer, or certain hereditary syndromes.

Positive Cologuard results should be referred to colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient.

False positives and false negatives do occur. In a clinical study, 13% of patients without colorectal cancer or advanced adenomas received a positive result (false positive) and 8% of patients with cancer received a negative result (false negative). The clinical validation study was conducted in patients 50 years of age and older. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.

Reference: 1. Davidson KW, Barry MJ, Mangione CM, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. JAMA. 2021;325(19):1965-1977.

