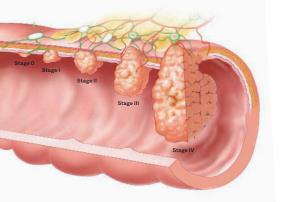
# Screening for colorectal cancer (CRC) on time matters<sup>1</sup>

Regular screening can help find CRC in early stages, which is why it's important to screen on time.<sup>1</sup> See how CRC develops below:



- CRC typically starts as a polyp on the wall of the colon or rectum which may **develop** into cancer<sup>1</sup>
- Many people with early-stage CRC have no symptoms, but screening can detect signs of cancer<sup>1</sup>
- Black Americans are most likely to develop and die from colon cancer<sup>2</sup>
- Hispanic Americans have the second-highest death rate due to colon cancer<sup>2</sup>

### Focus on the CRC facts



## See your choices for CRC screening on the other side

When caught in early stages, CRC is more treatable in about 90% of people<sup>5\*</sup>

There are many screening options, but whichever 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>1,4</sup>

\*Based on 5-year survival.

# There are choices when it comes to CRC screening<sup>1,4,6-10</sup>

Use this chart to help you decide which option might work best for you

	(visual exam)	(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 <sup>1</sup>	Finds altered DNA and blood in the stool sample <sup>1</sup>	Detects blood in the stool sample <sup>1</sup>
O [45+] Who is it for?	Adults at high or average risk <sup>1,6</sup>	Adults 45+ at average risk <sup>4</sup>	Adults at average risk <sup>4</sup>
How often?	Every 10 years <sup>1†</sup>	Every 3 years <sup>4</sup>	Once a year <sup>4</sup>
Non-invasive?	No <sup>1,7</sup>	Yes, used at home <sup>4</sup>	Yes, used at home <sup>1</sup>
Prep required?	Yes, full bowel prep including fasting and laxatives <sup>1,7</sup>	No <sup>8</sup>	No/Yes <sup>1‡</sup>
Time it takes?	1-2 days for bowel prep and procedure <sup>7</sup>	The time it takes to collect a sample <sup>6</sup>	The time it takes to collect a sample <sup>6</sup>
S Covered? <sup>§</sup>	Covered by most insurers <sup>4</sup>	Covered by most insurers <sup>9</sup>	Covered by most insurers <sup>10</sup>
+ After a positive result?	Polyps removed and examined (biopsy) <sup>1</sup>	A colonoscopy is needed <sup>1</sup>	A colonoscopy is needed <sup>1</sup>
*All as site and the second		<sup>‡</sup> EIT does not very ive abanges to distance readiantian. FORT very ives abanges to distance	

\*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.  $\!\!\!^4$ 

<sup>†</sup>For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider.<sup>1</sup>

<sup>‡</sup>FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.<sup>1</sup>

<sup>§</sup>Insurance coverage can vary; only your insurer can confirm how CRC screening is covered under your insurance policy.



Choose the screening option(s) below to discuss with your prescriber today:

Colonoscopy

#### Multitarget stool DNA test\*

FIT/FOBT\*

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