

Exact Sciences FDA Broll

TRTs:

-Physicians: 5:20

-Patients & Advocacy: 11:52

-Company: 4:32

SUGGESTED B-ROLL & GRAPHICS	SOUNDBITES
<p>Opening Graphic: (white background, black lettering)</p> <p>FDA Approves Cologuard® Stool-based DNA Screening Test for Colorectal Cancer</p> <p>Video Provided by: Exact Sciences</p> <p>Contact: MSLGROUP ExactSciences@mslgroup.com 781-684-0770</p>	
<p>Exact Sciences Broll: Exact Sciences laboratory Exact Sciences headquarters Patient lifestyle shots</p>	
<p>Animation Cologuard’s mechanism of action</p>	
<p>Graphic: Karen Simon, M.D. Ventura County Gastroenterology Medical Group</p>	
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:20:00]</p> <p>Unlike colonoscopy where the patient’s undergoing several days of preparation, for Cologuard there’s no special medications or dietary restrictions.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:21:30]</p> <p>So the kit is mailed to the patient at home. Inside the kit there’s a collection container. The patient simply makes a stool collection, closes the container, and mails back the box. And it’s picked</p>

	<p>up by UPS straight from the patient's home and they don't have to take it back to any laboratory.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:32:00] So if the Cologuard test comes back positive that means it's very likely that something abnormal is being shed in the stool, and that needs to be further investigated. So it is recommended that those patients will follow up with a colonoscopy.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:14:30]</p> <p>Cologuard showed 92% sensitivity in being able to pick up cancers, and was far superior to the currently-existing FIT test in terms of picking up advanced adenomas or precancerous lesions.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON:[00:22:30]</p> <p>So the difference between FIT testing and Cologuard is really that FIT testing is only looking at blood in the stool. And obviously not all colon cancers bleed, and definitely not all polyps bleed. With Cologuard, you're looking at abnormal DNA that's shed in the stool.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:03:03]</p> <p>SIMON: So colon cancer is actually thought to be the most preventable but least-prevented cancer. It's really a unique opportunity, because we're able to actually perform a test that can actually diagnose colon cancer, and often treat it right on the spot or even make an early diagnosis.</p>
	<p>[00:07:00]</p> <p>SIMON: With colon cancer, you have a lead time between the formation of these polyps and the development of the cancer. And so with regular screening such as colonoscopy and returning at the [00:06:00] appropriate interval recommended by your doctor, they're able to go in and remove the polyps</p>

	<p>so the cancer never can form in the first place.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:07:00]</p> <p>So with colon cancer, the stage of diagnosis greatly determines the prognosis. Early stage cancers could be nearly completely curable, whereas someone with late-stage cancer may only have a 5 to 10% long-term survival.</p>
	<p>SOT Karen Simon, M.D.</p> <p>SIMON: [00:16:30]</p> <p>So I think a couple of important things came out of this trial. Number one is that we're able to now have a noninvasive test that is picking up far more important lesions or important things that are going on for the patient, as compared to what we were using before, which is the standard FIT testing. The other thing that came out of this is that we now have an opportunity to give a test like this to a patient, and if it finds an abnormality or indicates that there's very likely an abnormality for this patient, it's going to probably be [00:17:00] that much more easy to convince that patient to undergo a colonoscopy.</p>
Graphic: Alan Keevy	
	<p>SOT Alan Keevy</p> <p>KEEVY: [00:11:00] It's really easy and straightforward. It takes you, you know, probably maximum, you know, 15, 20 minutes from start to stop, [00:11:30] where as a Colonoscopy, you know, you're at least two days probably out of your life,</p>
	<p>SOT Alan Keevy</p> <p>KEEVY: [00:14:00] Yes, I think now that Cologuard's been approved by the FDA, I think it probably will help more people. I know several that have put off doing their colonoscopy just because it was, they were either afraid of the process or it took more time out of their life than they were willing to give.</p>

	<p>SOT Alan Keevy</p> <p>KEEVY: [00:15:00] I would just point out that you don't have to drink a lot of nasty stuff, and you know, you're, you don't have to be tied to the bathroom for two days. And it's really easy, and the, compared to the older test, there's more tools, it's easier to do, it's more straightforward, [00:15:30] and it just doesn't take any time at all.</p>
<p>Graphic:</p> <p>David Ahlquist, M.D. Professor of Medicine Mayo Clinic</p>	
	<p>SOT David Ahlquist, M.D.</p> <p>AHLQUIST: [00:48:53]</p> <p>We want a new weapon for this war that gets us to the right targets. And we think we have that in Cologuard.</p>
<p>Graphic:</p> <p>Marcia Mullins Colon Cancer Survivor</p>	
	<p>SOT Marcia Mullins</p> <p>TRT:</p> <p>0:37:04.2-0:38:51.5 MULLINS:</p> <p><This cancer is preventable. If I had gotten screened on time, I wouldn't have gotten colorectal cancer.</p>
	<p>SOT Marcia Mullins</p> <p>TRT:</p> <p>0:32:15.3-0:32:44.0 MULLINS:</p> <p><Screening is not a big deal and there are several methods of screening. So, people need to talk to their doctors and find a method that they're comfortable with. And get it done.></p>
	<p>0:28:34.5-0:32:15.3 - MULLINS:</p>

	<p>If I had been screened on time, if I had paid attention to Katie Couric and all the wonderful people that tell you ought to get screened when you're 50, if I had understood about polyps and their role in the cancer. The polyps are what cause the cancer, but I didn't know that.</p> <p>So, I thought being healthy and getting exercise and doing everything the right way. Not having the history in my family. Not drinking, not smoking. I thought that protected me.</p>
	<p>SOT Marcia Mullins</p> <p>TRT:</p> <p>0:28:34.5-0:32:15.3 - MULLINS:</p> <p><To be diagnosed with colorectal cancer is not a death sentence that I'm proof of that. But when you look at everything I've been through with the chemo and the radiation and the surgery and the permanent ostomy and all the changes to my life, wouldn't it have just been easier if I would have gotten screened?></p>
<p>Graphic: Bonnie Mathieson Colon Cancer Survivor</p>	
	<p>SOT Bonnie Mathieson</p> <p>TRT:</p> <p>0:26:27.8-0:27:20.4 MATHIESON:</p> <p><I had colonoscopy at 55. I should have gone back in there at the 10 year interval. I had no family history so I wasn't in any rush to get back in and I just kept putting it off. I knew it wasn't going to be pleasant. And I didn't perceive myself at risk</p>
<p>Graphic: Jasmine Greenamy, MPH Chief Operating Officer Colon Cancer Alliance</p>	
	<p>SOT Jasmine Greenamy, MPH 03:57 – 04:16 TRT: 19 seconds</p>

	<p><Colorectal cancer affects both men and women equally. We know that about 143,000 people are diagnosed with colon cancer per year and just over 50,000 people pass away from colon cancer. It is the third most commonly diagnosed cancer in the US and we know it is the second leading cause of cancer-related death as well.></p>
	<p>SOT Jasmine Greenamyre, MPH 16:37 – 16:53 TRT: 16 seconds</p> <p><TColonoscopy, by and large, is taken up by the majority of Americans, but how can we move forward the other 40% that are not getting screened? That is going to be a test that people feel comfortable doing.></p>
	<p>SOT Jasmine Greenamyre, MPH</p> <p>40:28- 41:00 GREENAMEYER:</p> <p>We view the medical community as allies in helping us increase colorectal cancer screening rates. One of the best ways that they can do that is to be familiar with tests other than the colonoscopy.</p>
<p>Graphic:</p> <p>Kim Ryan Director of Patient Information Services Fight Colorectal Cancer</p>	
	<p>SOT Kim Ryan 03:26 – 03:41 TRT: 15 seconds</p> <p><The prognosis for colorectal cancer, if you're diagnosed early, is actually very good which is the reason that we try and tell folks that it's a very preventable and beatable and treatable disease. The survival statistics for someone who's diagnosed with an early stage of colorectal cancer can be over 90 percent.></p>
	<p>SOT Kim Ryan 06:02 – 06:26 TRT: 24 seconds</p>

	<p><Men and women, starting at the age of 50, should be screened for colorectal cancer. However, if you have symptoms at any point in your life, whether it's earlier than 50 or after the age of 50, you should look into screening for colorectal then. And particularly if you have a family history of colorectal cancer, or if you have a history of polyps or any type of genetic condition that might predispose you to colorectal cancer, screening may need to start earlier for you.></p>
	<p>SOT Kim Ryan 18:12 – 18:48 TRT: 36 seconds</p> <p><Studies have shown that there's three ways to actually increase colorectal cancer screening rates. The first one is to select the test that's the right test for that patient. And along those same lines, the second thing that a physician can do is give that patient an option about the different types of screening tests that are available and make sure that that particular patient is comfortable with the screening modality that you've chosen. And then the third thing, which I think is the most important, is that there's follow-up to that, that there's follow-up with that patient that asks the patient, have you followed through? Have you gotten that colonoscopy? Have you completed you're at home stool, stool test?></p>
<p>Graphic: Kevin Conroy Chairman, President and Chief Executive Officer Exact Sciences</p>	
	<p>SOT Kevin Conroy 12:22 – 12:55 TRT: 33 seconds</p> <p>< We know breast cancer screening, about 80% compliance. Cervical cancer screening, about 80% compliance. Colon cancer screening, only about 50% compliance. There's a huge difference there. And the difference is that, it's really hard for some physicians to get their patients to actually get screened. And as a company, Exact Sciences is committed to helping the physician make it a lot easier on getting the patient screened.></p>
	<p>SOT Kevin Conroy 15:43 – 16:20</p>

	<p>TRT: 37 seconds</p> <p>CONROY: We know from a 10,000-patient study that Cologuard detected 92% of all cancers versus the competitor test, detected only, roughly 75% of cancers. So there's a huge difference in the cancer detection rate.</p>
	<p>SOT Kevin Conroy 26:58 – 27:20 TRT: 22 seconds</p> <p>CONROY: For physicians, Cologuard presents an option now, an easy option to get those patients who just refuse to get screened to get them actually screened.</p>
	<p>SOT Kevin Conroy 40:41 – 41:06 TRT: 25 seconds</p> <p>It's easy for patients to talk to their physicians about getting Cologuard. Physicians can simply order the test and the patient receives the collection kit at their home.</p>
	<p>SOT Kevin Conroy 50:22 – 50:44 TRT: 33 seconds</p> <p>CONROY: The Cologuard compliance screening engine is really important. What is that? Well, that is our way of making sure that patients actually get screened once their doctor asks them to get screened.</p>
<p>Ending Graphic (use same format as opening graphic) Contact: MSLGROUP ExactSciences@mslgroup.com 781-684-0770</p>	