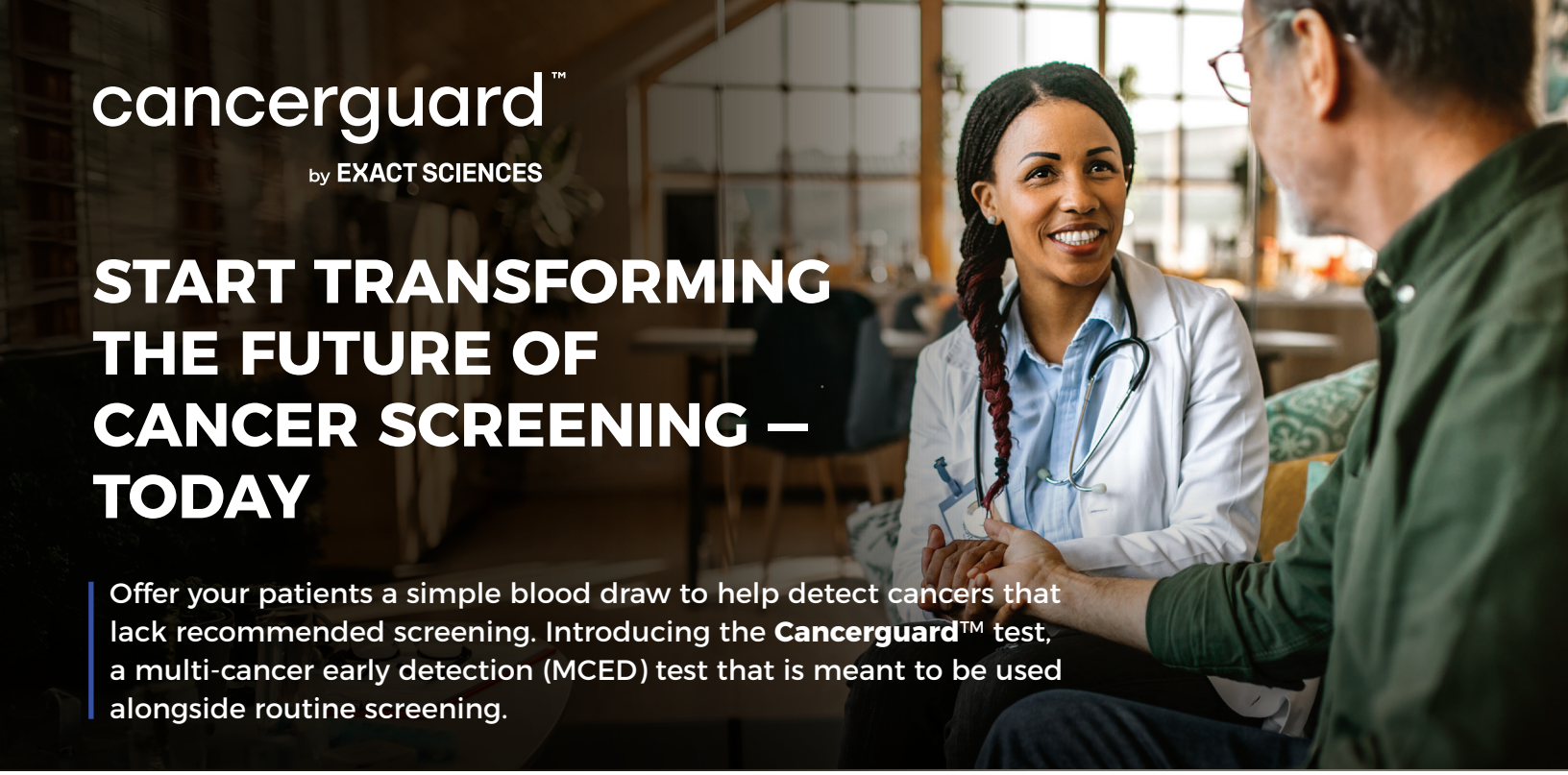
cancerguard™
by EXACT SCIENCES



START TRANSFORMING THE FUTURE OF CANCER SCREENING — TODAY

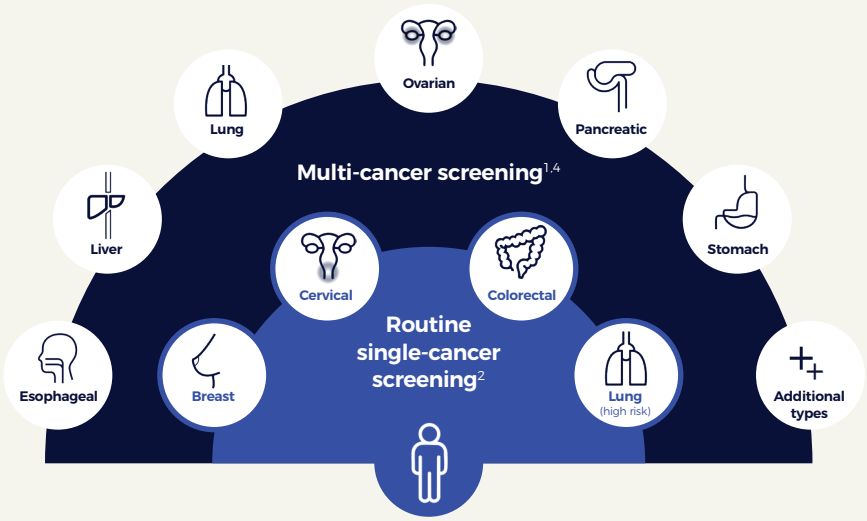
Offer your patients a simple blood draw to help detect cancers that lack recommended screening. Introducing the **Cancerguard**™ test, a multi-cancer early detection (MCED) test that is meant to be used alongside routine screening.

Developed by Exact Sciences, the makers of: cologuard® by EXACT SCIENCES | cologuard plus™ | oncotype DX® Breast Recurrence Score

TOO MANY CANCERS GO UNDETECTED — UNTIL IT'S TOO LATE

Nearly **70%** **of annual cancer cases and deaths have no recommended screening** option, leaving the majority unscreened and more likely to be found in late stages when treatment options are usually limited.[1-3]

EXPAND YOUR SCREENING CAPABILITIES WITH THE CANCERGUARD TEST



The Cancerguard test helps detect cancer types responsible for ≥80% of annual diagnoses in the US.[1,4,5*]

*US data. Calculated using estimated incidence from cancers in all sites against those used in analysis.

EFFECTIVE AT DETECTING THE DEADLIEST CANCERS EVEN AT EARLY STAGES — WHEN INTERVENTION IS MOST EFFECTIVE

A STRATIFIED CASE-CONTROL TEST DEVELOPMENT STUDY SHOWED*:

Proven performance in the early detection of cancers with poor 5-year survival rates[1,4]


Esophageal


Liver


Lung


Ovarian


Pancreatic


Stomach

The Cancerguard™ test has shown

68%

sensitivity across 6 high-mortality cancers[1,4]

- **DETECTED MORE THAN 1/3** of Stage I or II cancers in a study. Many with no routine screening.[2,4*]
- **64% SENSITIVITY** demonstrated with the Cancerguard test[4*†]
- **HIGH SPECIFICITY** (97.4%*) and balanced to reduce false positives without compromising detection[4‡]

CURRENTLY THE ONLY MCED TEST ON THE MARKET THAT ANALYZES MULTIPLE BIOMARKER CLASSES[6]

METHYLATION
Uses curated circulating tumor DNA markers to better distinguish cancer from normal signals

PROTEINS
Adds an independent biological signal to boost cancer detection

MORE CHANCES TO CATCH CANCER EVEN AT EARLY STAGES
Combines biomarker signals, helping detect a broad range of cancer types — across stages[6,7]

*Performance data presented here was generated from a case-control, test development study of patients who were already known to have cancer or to be healthy (no active cancer or suspicion of cancer). It may not accurately reflect the test's performance in a clinical setting. Real-world performance may differ from case-control data.
†Excludes breast and prostate.
‡False positive and false negative test results can occur.
§Adapted from Kisiel, et al. 2024.
‖Exact Sciences Medical Science Liaisons.
¶Patients must apply. Eligibility depends on program qualifications and is not guaranteed. The program will not reimburse any covered imaging costs, including copay, coinsurance, and/or deductible amounts determined by insurance. For more information patients should contact to apply, call 1-844-870-8870.

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CLEAR PATHWAYS AND COMPREHENSIVE SUPPORT TO EMPOWER PATIENTS AFTER A POSITIVE RESULT

RESOLVE POSITIVE RESULTS THROUGH A STREAMLINED DIAGNOSTIC RESOLUTION PATHWAY[8§]

RESOURCES FOR YOU AND YOUR STAFF

- **POST-POSITIVE CARE EDUCATION AND RESOURCES** from our team of dedicated care navigators
- **READY-TO-USE WORKFLOWS** to help care teams manage next steps
- **EDUCATION** from Exact Sciences MSLs[‖] and Lab Medical Directors
- **ACCESS** to our Imaging-Based Diagnostic Resolution Guidebook

SUPPORT FOR PATIENTS AFTER A POSITIVE CANCERGUARD TEST RESULT

CARE NAVIGATION SERVICES

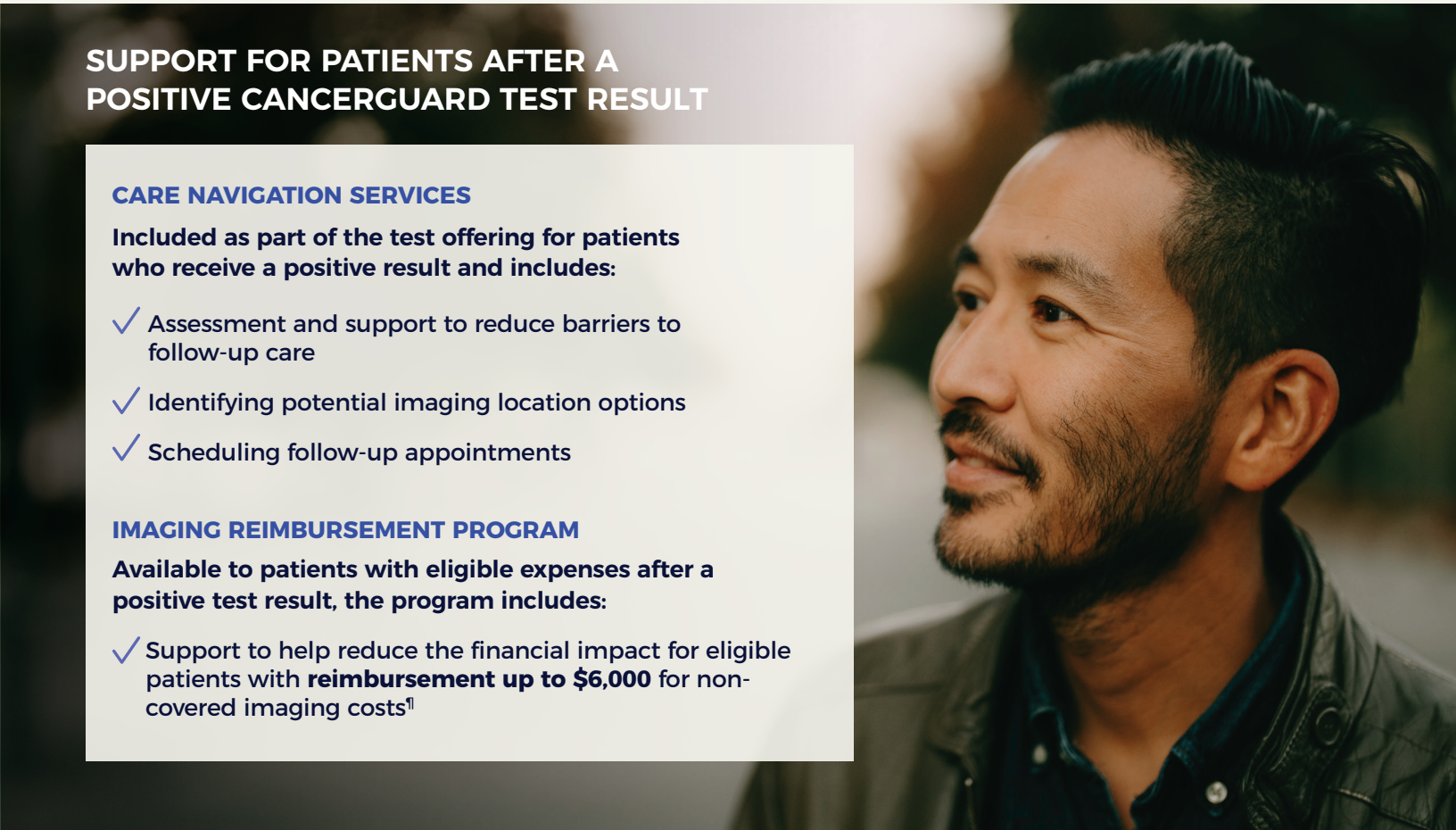
Included as part of the test offering for patients who receive a positive result and includes:

- ✓ Assessment and support to reduce barriers to follow-up care
- ✓ Identifying potential imaging location options
- ✓ Scheduling follow-up appointments

IMAGING REIMBURSEMENT PROGRAM

Available to patients with eligible expenses after a positive test result, the program includes:

- ✓ Support to help reduce the financial impact for eligible patients with **reimbursement up to $6,000** for non-covered imaging costs[¶]



Rx only.

The Cancerguard™ test is intended for use in adults ages 50-84 with no known cancer diagnosis in the last three years. It detects alterations in circulating tumor DNA and tumor-associated protein levels which are commonly associated with cancer. The test does not detect all cancers and is not a replacement for existing recommended cancer screening or diagnostic modalities for cancer. Current recommended screening for cancer should also be followed. The test is not indicated for screening of breast and prostate cancer and was not evaluated for the detection of pre-cancerous lesions. Due to the potential for follow-up imaging with IV contrast CT after a positive test result, careful consideration should be given before ordering the Cancerguard test for patients with a history of adverse reactions to iodine based IV contrast or for women who are, may be, or plan to become pregnant.

Results should be interpreted in the context of a patient's medical history, clinical signs, and symptoms. A negative result does not rule out the presence of cancer of any type. A positive Cancerguard™ test result means that the blood test identified a cancer signal that may indicate the presence of cancer. This result alone does not confirm the presence of cancer. Further clinical evaluation by a healthcare provider (which may include blood tests such as complete blood count and comprehensive metabolic panel) and follow-up imaging are needed to locate and confirm a diagnosis of cancer or determine that cancer is not present. While there are no established guidelines for imaging following a positive Cancerguard test result, there is a published follow-up workflow based on expert clinician opinion and results from an exploratory, prospective, interventional study [Kisiel et al Life (Basel) 2024 Jul 24; Lennon et al, Science, 2020]. The proposed workflow in the Kisiel et al publication includes an intravenous-contrast enhanced computed tomography (IV contrast CT of chest, abdomen/pelvis, and soft-tissue neck) and if necessary, positron emission tomography-computed tomography (^{18}F FDG PET-CT) from the skull-base to mid-thigh. Alternative follow-up procedures (e.g. targeted imaging, endoscopic procedures, CT without IV-contrast) may be appropriate in the context of the patient's medical history and clinical evaluation [Lennon et al, Science, 2020]. False positive and false negative test results can occur.

The Cancerguard test was developed, and the performance characteristics validated by Exact Sciences Laboratories following College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) regulations. This test has not been cleared or approved by the US Food and Drug Administration. The test is performed at Exact Sciences Laboratories. Exact Sciences Laboratories is accredited by CAP, certified under CLIA regulations, and qualified to perform high-complexity clinical laboratory testing.

References: 1. Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. *CA Cancer J Clin*. 2025;75:10-45. **2.** United States Preventive Services Task Force. A and B recommendations. Published 2022. Accessed June 19, 2025. https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations **3.** Data on file. Calculated cancers without USPSTF recommended screening tests. 2025. Medical Affairs, Exact Sciences, Madison, WI. **4.** Data on file. Cancerguard Test Development Study. 2025. Exact Sciences, Madison, WI. **5.** Data on file. Calculated ASCEND-2 Cancer Detection and Associated Cancer Burden. 2025. Medical Affairs, Exact Sciences, Madison, WI. **6.** Gainullin V, Hwang HJ, Hogstrom L, et al. Performance of a multi-analyte, multi-cancer early detection (MCED) blood test in a prospectively-collected cohort. Presented at: American Association for Cancer Research Annual Meeting 2024; April 5-10, 2024; San Diego, CA. Poster LB 100. **7.** Katerov SE, Fleming HL, Rugowski DE, et al. The detection of multiple cancer types with an extended set of methylation and protein markers. *J Clin Oncol*. 2023;41(16 suppl):3040. **8.** Kisiel JB, Ebbert JO, Taylor WR, et al. Shifting the cancer screening paradigm: developing a multi-biomarker class approach to multi-cancer early detection testing. *Life (Basel)*. 2024;14(8):925.

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