

MANY AMERICANS REMAIN UNSCREENED FOR COLORECTAL CANCER



COLORECTAL CANCER SCREENING IS IMPORTANT

Did You Know?

Colorectal cancer is the **3rd most** commonly occurring cancer in either men or womenⁱ,



but when caught in early stages, it is treatable in **~90% of people**^{ii*}

For the approximately **100 million Americans** that are considered to be at average risk^{iii**}



the American Cancer Society recommends regular colorectal cancer screening **begin at age 45**^{iv***}

Data listed below is according to a national survey of **5,021 U.S. adults aged 45-75** conducted by **The Harris Poll**

YET MANY PEOPLE DON'T GET SCREENED BECAUSE...

They don't feel they are at risk



68% of respondents believed they are at low or no risk for developing colorectal cancer

They have not been recommended for a screening



79% of respondents aged 45-49 said that they have never been recommended for colorectal cancer by a health care provider

They are uncomfortable with their recommended screening option



38% of respondents aged 45-75 didn't follow through on a colorectal cancer screening recommendation because they were uncomfortable with the idea of an invasive procedure

Or...they don't know all the screening options



Only 4 in 10 respondents were familiar with at-home DNA based stool test



MORE CONVENIENT, NONINVASIVE WAYS TO GET SCREENED ARE PREFERRED



72% of respondents agreed that they would be more willing to get screened for colorectal cancer if they could use an **at-home screening** option instead of going to a doctor's office

THERE ARE SCREENING OPTIONS - GET SCREENED!

Several colorectal cancer screening options are available to eligible patients, including an



at-home stool DNA test

If you or a loved one is **age 45+** and at **average risk for colorectal cancer**,



talk to your healthcare provider about making an informed screening choice

*Based on 5-year survival

**Estimate based on the US population aged 45-74 as of 2018, adjusted for the reported rates of high-risk conditions

***Average risk in this survey was defined as those who do not have a personal history of: colorectal cancer, Inflammatory Bowel Disease, adenomas, a positive result from a colorectal cancer screening within the last 6 months, a family history of: colorectal cancer, Familial adenomatous polyposis (FAP), Hereditary non-polyposis colorectal cancer syndrome (HNPCC 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, or Neurofibromatosis, and are not experiencing rectal bleeding.

Methodology:

This survey was conducted online by The Harris Poll on behalf of Exact Sciences among 5,021 U.S. adults age 45-75 at average risk for colorectal cancer between March 25 and April 15, 2021. Figures for age by gender, education, income, race/ethnicity, region, size of household, and marital status were adjusted, as needed, to population distributions from the 2020 Current Population Survey (CPS) by the U.S. Census Bureau, separately for Hispanic, Black/African American (not Hispanic), Asian (not Hispanic), and all other (not Hispanic). Then each race/ethnicity group was combined into an overall total based on their proportion within the U.S. adult population.

References:

- ⁱ Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2021. *CA Cancer J Clin.* 2021;71:7-33. doi:10.3322/caac/21654
- ⁱⁱ National Cancer Institute. Cancer stat facts: Colorectal cancer. Accessed 20 Aug. 2021 <https://seer.cancer.gov/statfacts/html/colorect.html>.
- ⁱⁱⁱ Piscitello, A., & Edwards, D. K. (2020, May 1). Estimating the Screening-Eligible population Size, ages 45-74, at average risk to DEVELOP colorectal cancer in the United States. *Cancer Prevention Research.* <https://cancerpreventionresearch.aacrjournals.org/content/13/5/443>.
- ^{iv} Wolf AMD, Fonham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guidelines update from the American Cancer Society. *CA Cancer J Clin.* 2018;68(4):250-281. doi:10.3322/caac.21457