



**Our mission: eradicate cancer  
and the suffering it causes**

**Evercore ISI HealthCONx conference**

Kevin Conroy, Chairman and CEO

November 30, 2021

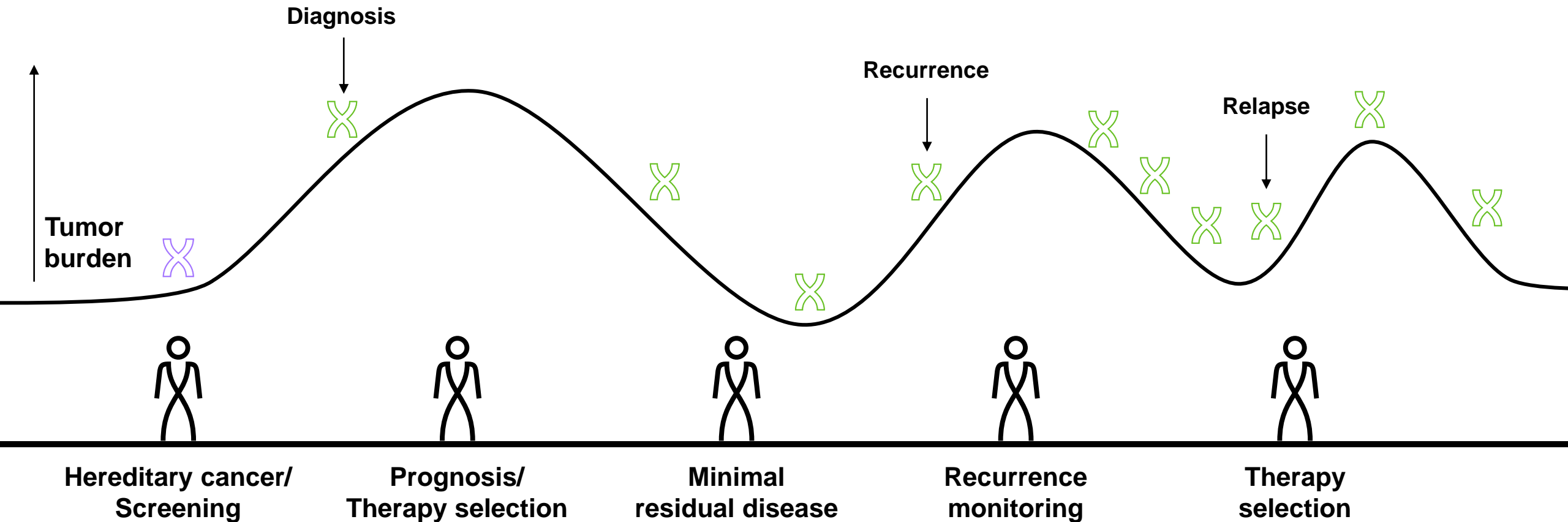
EXACT SCIENCES

# Safe harbor statement

## Forward-Looking Statements

Some of the information presented here today may contain projections or other forward-looking statements regarding future events or the future financial performance of the Company. These statements are based on management's current expectations and the actual events or results may differ materially and adversely from these expectations. We refer you to the documents the Company files from time to time with the Securities and Exchange Commission. Specifically, the Company's most recent annual report on Form 10-K and any subsequently filed quarterly reports on Form 10-Q and current reports on Form 8-K. These documents identify important risk factors that could cause the actual results to differ materially from those contained in the Company's projections of forward-looking statements.

# Detecting cancer earlier **at every step,** starting with screening



# We plan to lead 3 of the largest impact opportunities in cancer diagnostics

 **\$25B**

multi-cancer early detection

 **\$18B**

colorectal cancer screening

 **\$15B**

minimal residual disease  
and recurrence monitoring

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**EXACT  
SCIENCES**










**Thrive.**  
AN EXACT SCIENCES COMPANY



cologuard® 2.0  
colon cancer blood test

 **ASHION** 

Notes: Cologuard 2.0 and colon cancer blood test have not been cleared or approved by the FDA; U.S. TAMs only  
Source: Exact Sciences estimates, includes U.S. markets only

# Supporting new innovative tests with rigorous scientific evidence

		expected data readouts			
	U.S. TAM	current evidence	1H 2022	2H 2022	1H 2023
Cologuard 2.0 colon blood	\$18B				
multi-cancer	\$25B				
minimal residual disease	\$15B				

 case-control  
 prospective

Note: these tests have not been cleared or approved by the FDA; Cologuard 2.0 and colon blood prospective data may not read out simultaneously  
Sources: <https://www.exactsciences.com/publications>



cologuard<sup>®</sup> 2.0

Developed with



## problem

#2

deadliest cancer  
in the U.S.

## opportunity

110M

Americans ages 45 to 85  
recommended for screening

Sources: American Cancer Society Cancer Facts & Figures 2021;  
U.S. Census data; Exact Sciences estimates

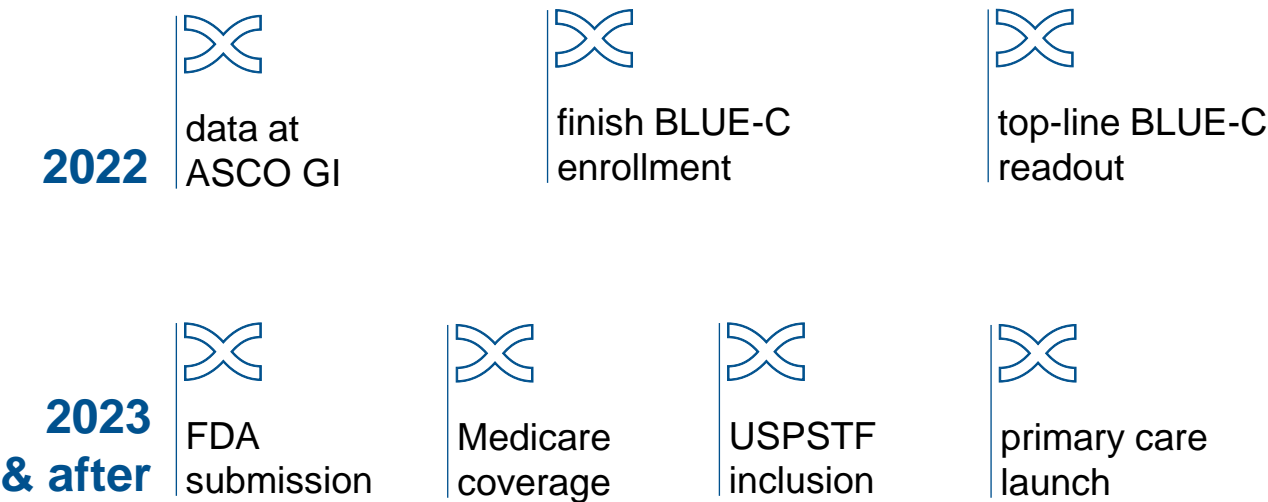


scientific approach

**multi-marker** stool test  
methylation + protein

**lower** false positive rate  
**improve** precancer sensitivity

planned path forward



Note: Cologuard 2.0 has not been cleared or approved by the FDA – targets presented here are goals for test performance



colon cancer  
blood test

Developed with



## problem

57%

screening rate  
for 45 to 85 year olds

## opportunity

46M

unscreened Americans

Sources: Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (2021);  
U.S. Census data; Exact Sciences estimates



## scientific approach

**multi-marker** blood test

**provide another option**  
to get screened

## planned path forward

**2022**



case-control  
data



finish BLUE-C  
enrollment

**2023  
& after**



top-line BLUE-C  
readout



FDA  
submission



Medicare  
coverage



USPSTF  
inclusion



primary care  
launch

Note: colon cancer blood test has not been cleared or approved by the FDA



# multi-cancer early detection

Developed with



MAYO CLINIC



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UNIVERSITY

## problem

70%

of diagnosed cancers  
have no standard  
screening test

## opportunity

115M

Americans between ages  
50 and 85 who could  
be screened

Sources: NIH. "SEER Mortality Data, 2006-2015." <https://seer.cancer.gov/data/>;  
U.S. Census data; Exact Sciences estimates



# multi-cancer early detection

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## EXAS case-control study

**86%**  
sensitivity

**95%**  
specificity

**total samples**      437

**cases**                180

**controls**            257

**types of cancer**    6

## Cohen case-control study

**62%**  
sensitivity

**99%**  
specificity

**total samples**      1,817

**cases**                1,005

**controls**            812

**types of cancer**    8

## Detect-A prospective study

**27%**  
sensitivity

**99%**  
specificity

**women tested**            9,911

**cancers detected**        96

**no cancer**                9,815

**types of cancer**        10

Sources: A. M. Lennon et al., Science (2020); J. D. Cohen et al., Science (2018)  
Note: EXAS case-control data are preliminary from a study of 180 cases and 257 controls; validation set was 1/3 of total samples; currently evaluating whether performance is maintained in early-stage disease across additional cancers; performance degradation is typical when moving from smaller case-control to larger prospective trials; stage breakdown: 5 stage I, 43 stage II, 65 stage III, 56 stage IV, 11 un-staged



# multi-cancer early detection

Developed with



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UNIVERSITY

## scientific approach

**multi-marker** blood test  
and PET-CT follow up

methylation + mutation +  
protein + **other class**

## planned path forward

**2022**



marker selection &  
assay lock data



pivotal trial  
launch



early access launch to  
generate evidence

**2023  
& after**



interim data  
readout



FDA  
submission



Medicare  
coverage



USPSTF  
inclusion



primary care  
launch



# minimal residual disease & recurrence monitoring

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## problem

85%

of relapses are caught  
too late for curative surgery

## opportunity

12M

testing opportunities  
for patients in the U.S.

Sources: M. Elferink et al., Springer (2014);  
Exact Sciences estimates



# minimal residual disease & recurrence monitoring

Developed with



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## scientific approach

### tumor-informed:

TARDIS technology allows evaluation of up to **115 mutations**

### tumor-naïve:

**multi-marker** approach

## planned path forward

**2022**



retrospective CRC validation data



multiple prospective studies underway

**2023 & after**



early access launch



interim CORRECT-MRD readout



Medicare coverage



full Precision Oncology launch

Source: B. McDonald et al., Sci. Transl. Med. (2019)

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and the suffering it causes**

**Q&A**