EXACT SCIENCES

Progress toward an
even better Cologuard

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Safe harbor

This presentation contains forward-looking statements concerning our expectations, anticipations, intentions, beliefs or strategies regarding the future. These forward-looking statements are based on assumptions that we have made as of the date hereof and are subject to known and unknown risks and uncertainties that could cause actual results, conditions and events to differ materially from those anticipated. Therefore, you should not place undue reliance on forward-looking statements. Examples of forward-looking statements include, among others, statements we make regarding expected future operating results; expectations for development of new or improved products and services; our strategies, positioning, resources, capabilities and expectations for future events or performance; and the anticipated benefits of our acquisitions, including estimated synergies and other financial impacts.

Financial support and conflict of interest disclosure: Dr. John Kisiel serves as scientific advisor to and research collaborator with Exact Sciences Corp., distributors of the multi-target stool DNA test (Cologuard). Exact Sciences also provides support for Dr. Kisiel's lab and research team at Mayo Clinic.

Setting the bar higher with an even better Cologuard
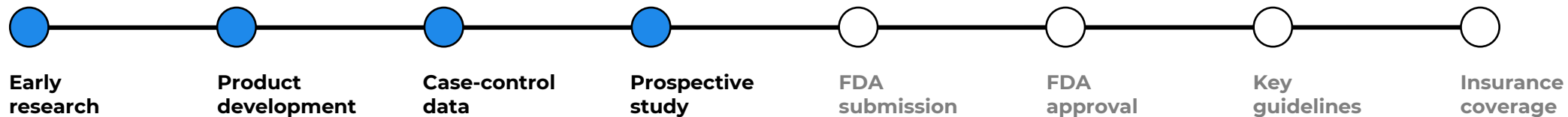
cologuard® 2.0

New proprietary methylation markers

Enhanced protein preservative

Improve false positive rate

Improve precancer detection rate

Maintain cancer detection rate

Early research — Product development — Case-control data — Prospective study — FDA submission — FDA approval — Key guidelines — Insurance coverage

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

Study designed to simulate screening population and better predict real-world, prospective performance

	ASCO GI	DeeP-C
Total samples	777	9,989
Colorectal cancer (CRC)	112	65
Stage I (%)	49 **(44%)**	29 **(45%)**
Stage II (%)	38 **(34%)**	21 **(33%)**
Stage III (%)	17 **(15%)**	10 **(16%)**
Stage IV (%)	8 **(7%)**	4 **(6%)**
Advanced adenomas (AA)	98	757
Non-advanced adenomas (NAA)	176	2,893
Negative controls	391	6,274

Sample collection

Prospectively collected advanced adenomas (precancers)

Archival stool samples **weighted to early-stage CRC**

Significant number of **non-advanced adenomas**

Methods

Model outcomes were **cross-validated 1,000 times**

Nearly identical best fit estimates and cross-validated results

Results show improved specificity and precancer sensitivity while maintaining high cancer sensitivity

Overall performance

95%

cancer sensitivity

92%

specificity – no CRC, AA, or NAA

90%

specificity – no CRC or AA

Sensitivity by cancer stage

94%

stage I

95%

stage II

100%

stage III

100%

stage IV

Precancer sensitivity

83%

high-grade dysplasia

57%

all advanced adenomas

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Potential of an even better colorectal cancer screening test for patients

Impact per 1M people screened

11K

more life
years gained

150K

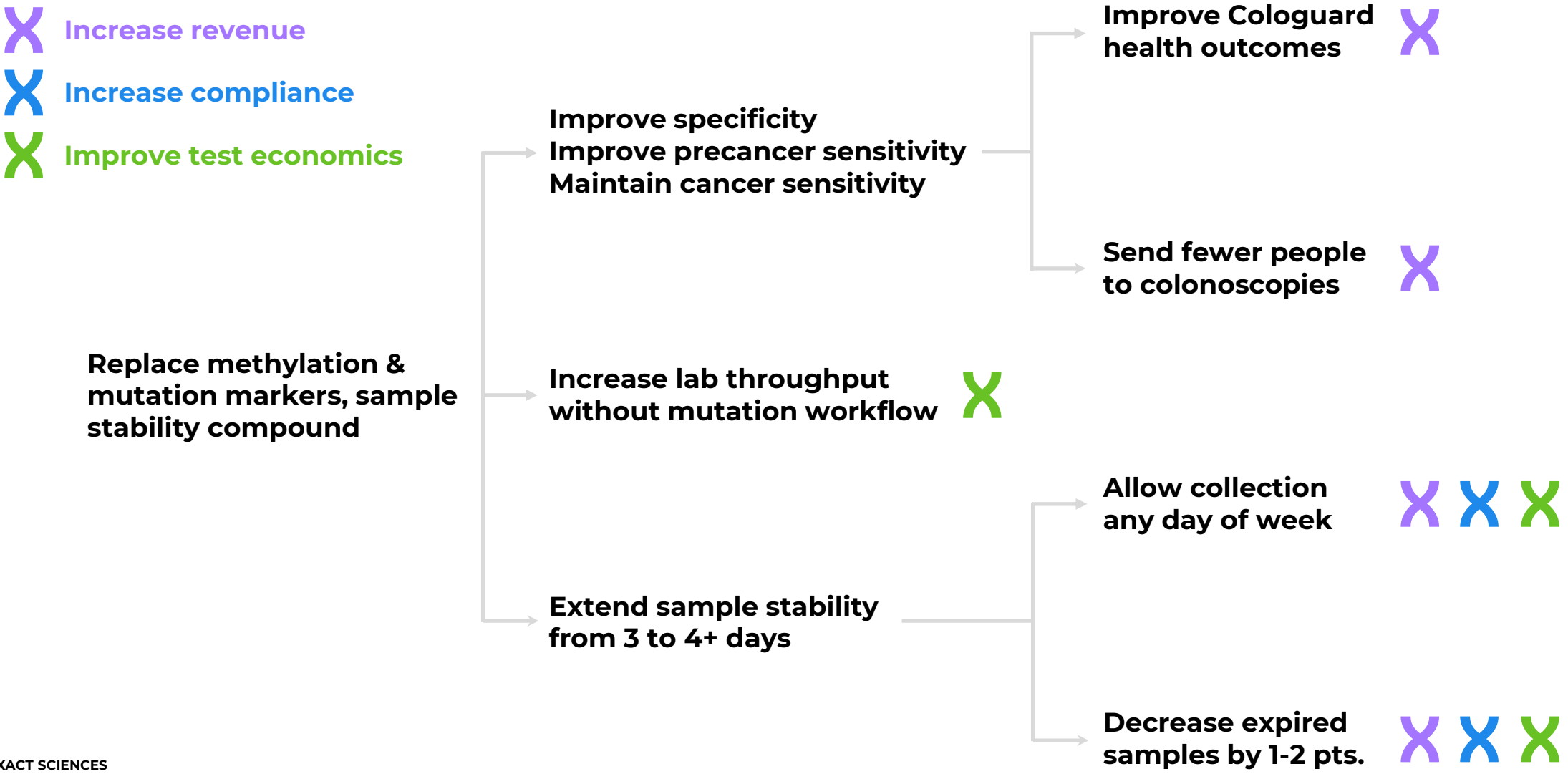fewer follow-up
colonoscopies

Population impact

3 point

reduction in
CRC incidence

2 point

reduction in
CRC mortality

Cologuard 2.0 improvements have cascading benefits

Increase revenue

Increase compliance

Improve test economics

Improve specificity
Improve precancer sensitivity
Maintain cancer sensitivity

Improve Cologuard health outcomes

Send fewer people to colonoscopies

Replace methylation & mutation markers, sample stability compound

Increase lab throughput without mutation workflow

Extend sample stability from 3 to 4+ days

Allow collection any day of week

Decrease expired samples by 1-2 pts.

We aim to eradicate cancer and the suffering it causes through tests that help prevent cancer, detect it earlier, and guide treatment.