Choose a Test That Catches Precancer

The primary goal of CRC screening is to prevent cancer by detecting and removing pre-cancerous lesions. When cancer is caught in its earliest stages (Stage I or II), it's typically most treatable.[1*] Early detection is key to improving patient outcomes. The Cologuard Plus™ test sets a high standard for non-invasive screening options, boasting an overall sensitivity of 95% for colorectal cancer (Stages I-IV) and a specificity of 94% (no colorectal neoplasia).[2†] It also detects 74% of high-grade dysplasia, the type of pre-cancerous growths most likely to advance to cancer.[2]

To put this into perspective, in comparison to FIT[‡], another stool-based screening test, an overall sensitivity of 95% to 71% may seem similar on paper, but in reality, this difference could translate to thousands of missed cases.[2] Each year in the United States, around 150,000 new cases of colorectal cancer are diagnosed.[1] Based on performance data from the pivotal study, the Cologuard Plus test would detect about 143,000 of those cases, similar to what colonoscopy would find.[3§] FIT would only detect roughly 106,000 cases of CRC – missing 37,000 more incidences compared to the Cologuard test. This is not just a statistical difference; it's a matter of lives. Sensitivity is a critical measure of a screening test, as missing cancers can delay diagnosis and treatment, leading to serious consequences for patients.

Choose a Test That Patients Prefer[2]

As a test included in U.S. Preventive Services Task Force (USPSTF) recommendations, the Cologuard test is available for average risk adults, 45 years and older. The Cologuard test is also easy to use and affordable. It's sent to a person's home and 96% of eligible patients have no out-of-pocket costs.[4] In a discrete choice experiment of almost 1,300 individuals, respondents were informed about multiple screening methods including colonoscopy, a Cologuard test, FIT and a blood test.[5] Respondents were informed about how each screening method is completed, how often it needs to be completed and the true positive and negative rate. With this information, the study predicted that an average risk individual - regardless of race or age - would prefer the Cologuard test over other invasive and non-invasive screening methods and tests.

A separate study, that looked at Cologuard adherence rates showed that within a year, 71% of eligible patients completed the Cologuard test – almost 1.6 million patients.[6] In a different meta-analysis, FIT adherence was only 42%.[7] Additionally, another study demonstrated that within six months of a positive Cologuard test result, 79% of patients followed up with a colonoscopy, 1.4 times higher than the follow-up rate for FIT.[8] If CRC screening is going to be done in the most effective way, patients with a positive result must continue their care with a follow up colonoscopy. USPSTF advocates that if a non-invasive CRC test is positive, screening isn't complete until the follow up colonoscopy is done. When caught in its early stages (I & II), colon cancer is survivable in about 90% of people.[1*]

Choose a Test Backed by Robust, High-Quality Data and Research

As a leader in cancer screening, Exact Sciences is committed to high-quality research and patient-centric studies that represent a diverse range of races, ethnicities, and demographics. Recent research at Digestive Disease Week (DDW) 2025 demonstrates the Cologuard test is widely accepted by people from multiple ethnic and racial subgroups, including those disproportionately affected by colorectal cancer.

Including diverse demographics in patient studies helps ensure that the research findings are applicable to various groups, reflecting real-world diversity. This approach helps identify how different populations respond to CRC screening, allowing for tailored strategies that address specific needs and disparities. By representing multiple ethnic and racial subgroups, Exact Sciences can develop more inclusive and effective screening solutions, ultimately enhancing CRC screening quality, accessibility, and awareness through rigorous, patient-centered research.

In addition to inclusive representation, Cologuard research includes large, national samples of data. When you have larger data sets and more people involved within the research itself, it increases the reliability and validity of the study results. With half a million patients involved in multiple studies presented at DDW 2025 alone, Exact Sciences findings are robust and can more easily be generalized to a broader population. Larger study sizes reduce the margin of error and provide a more accurate representation of the benefits or limitations of a CRC screening test.

Choosing the right CRC screening test can make a significant difference in patient outcomes. The Cologuard test offers a highly sensitive, research-backed and patient-preferred option that can help improve patient outcomes by detecting colorectal cancer early.[3]

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This information is for general knowledge and informational purposes only and does not constitute medical advice. It is essential to consult with a qualified healthcare professional for any health concerns or before making any decisions related to your health or treatment.

* Based on 5-year survival rates.

† Cologuard Plus specificity: 91% overall specificity, including all participants who did not have advanced neoplasia. Specificity for no colorectal neoplasia was age-weighted to the US population and defined as a negative colonoscopy, no adenocarcinoma of the colorectum, no adenomas, and no sessile serrated polyps/sessile serrated adenomas.

‡ OC-Auto® Micro 80, Polymedco, Inc.

§ Based on colonoscopy sensitivity of 95% for CRC according to a USPSTF review.

1 ACS. Cancer facts & figures 2025.Atlanta: American Cancer Society; 2025.

2 Cologuard Plus Clinician Brochure. Madison, WI; Exact Sciences Corporation.

3 Davidson KW, Barry MJ, Mangione CM, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*.2021 ;325(19):1965-1977.

4 Exact Sciences estimate based on historical patient billing. Rate of coverage varies by state and region. Exceptions for coverage may apply; only your patients' insurers can confirm how Cologuard would be covered.

5 Le, Q. A., Li, K. H., Ozbay, A. B., Greene, M., Clarke, H., Quaife, M., Cutts, K., Limburg, P., & Finney Rutten, L. J. (2025). Patient test preferences for colorectal cancer screening: Insights from a discrete-choice experiment. Presented at Digestive Disease Week (DDW) 2025.

6 Le, Q. A., Greene, M., Gohil, S., Ozbay, A. B., Dore, M., Fendrick, A. M., & Limburg, P. (2025). Adherence to multitarget stool DNA testing for colorectal cancer screening in the United States. *International Journal of Colorectal Disease*, *40*(1), 16. https://doi.org/10.1007/s00384-025-04805-0

7 Khalid-de Bakker C, Jonkers D, Smits K, et al. Participation in colorectal cancer screening trials after first-time invitation: a systematic review. *Endoscopy*. 2011;43(12):1059-86. PMID: 22135196.

8 Austin G, Kowalkowski H, Gui Y, et al. Patterns of initial colorectal cancer screenings after after a positive stool-based testing among the average-risk population. *Curr Med Res Opin*. 2023;39(1):47-61.