



USPSTF Draft Recommendations – Investor Call

October 6, 2015



Safe Harbor Statement

Certain statements made in this presentation contain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities and Exchange Act of 1934, as amended that are intended to be covered by the "safe harbor" created by those sections. Forward-looking statements can generally be identified by the use of forward-looking terms such as "believe," "expect," "may," "will," "should," "could," "seek," "intend," "plan," "estimate," "anticipate" or other comparable terms. All statements other than statements of historical facts included in this presentation regarding our strategies, prospects, financial condition, operations, costs, plans and objectives are forward-looking statements. Examples of forward-looking statements include, among others, statements we make regarding expected future operating results, anticipated results of our sales and marketing efforts, expectations concerning payor reimbursement and the anticipated results of our product development efforts. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements include, among others, the following: our ability to successfully and profitably market our products; the acceptance of our products by patients and health care providers; the amount and nature of competition from other cancer screening products and procedures; our ability to maintain regulatory approvals and comply with applicable regulations; our success establishing and maintaining collaborative and licensing arrangements; our ability to successfully develop new products; and the other risks and uncertainties described in the Risk Factors and in Management's Discussion and Analysis of Financial Condition and Results of Operations sections of our most recently filed Annual Report on Form 10-K and our subsequently filed Quarterly Reports on Form 10-Q. We undertake no obligation to publicly update any forward-looking statement, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.

USPSTF: 2008 & 2015 Colorectal Cancer Recommendation Summary

2008

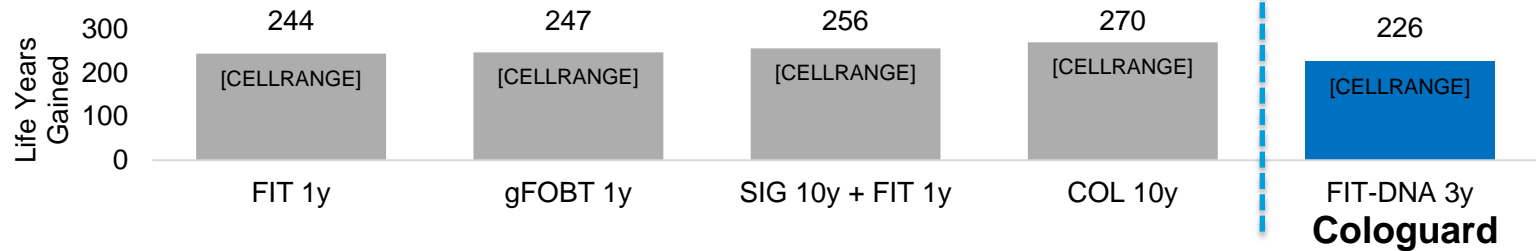
Recommendation Summary		
Summary of Recommendations		
Population	Recommendation	Grade (What's This?)
Adults, beginning at age 50 years and continuing until age 75 years	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	A
Adults age 76 to 85 years	The USPSTF recommends against routine screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient.	C
Adults older than age 85 years	The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.	D
Computed Tomographic Colonography and Fecal DNA testing as screening modalities	The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer.	I

2015

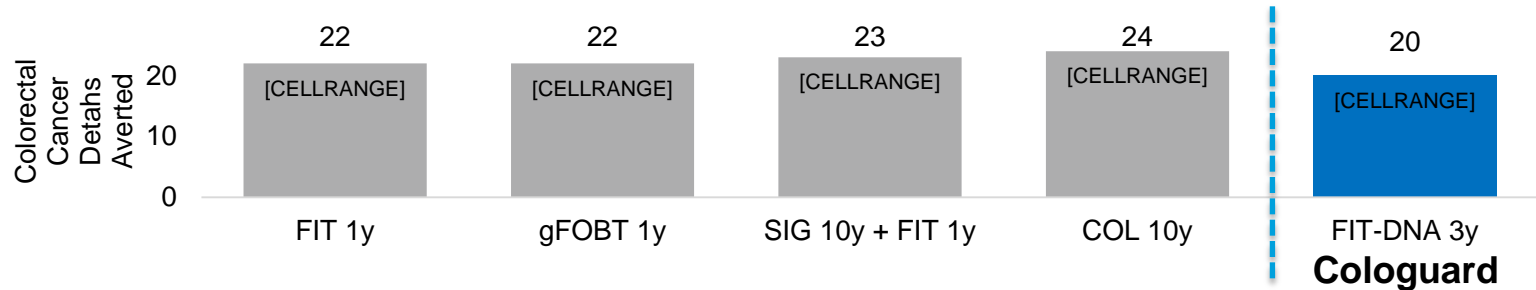
Draft: Recommendation Summary		
Population	Recommendation	Grade (What's This?)
Adults ages 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.	A
Adults ages 76 to 85 years	<p>The decision to screen for colorectal cancer in adults ages 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history.</p> <ul style="list-style-type: none"> Adults in this age group who have never been screened for colorectal cancer are more likely to benefit. Screening would be most appropriate among adults who: 1) are healthy enough to undergo treatment if colorectal cancer is detected, and 2) do not have comorbid conditions that would significantly limit life expectancy. 	C

Benefits of Colorectal Cancer Screening Over a Lifetime Using Cologuard Every Three Years

A: Benefit: Life Years Gained, per 1,000 Screened

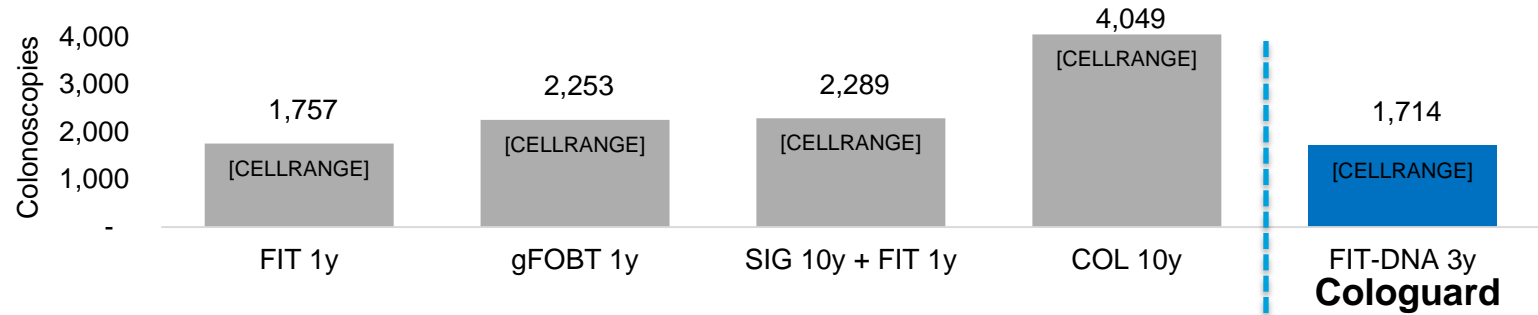


B: Benefit: Colorectal Cancer Deaths Averted, per 1,000 Screened



Harms and Burdens of Colorectal Cancer Screening Over a Lifetime Using Cologuard Every Three Years

C: Harms (Proxy): Lifetime Number of Colonoscopies, per 1,000 Screened



D: Additional Burden: Lifetime Number of Non-Colonoscopy Tests, per 1,000 Screened

