

2016 J.P. Morgan Health Care Conference

Kevin Conroy, Chairman and CEO January 14, 2016



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 payer 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 the 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 Report(s) 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.

We have filed a registration statement, including a prospectus, with the U.S. Securities and Exchange Commission (the "SEC") for the offering to which this communication relates. Before you invest, you should read the prospectus in that registration statement and other documents the issuer has filed with the SEC for more complete information about the issuer and this offering. You may get these documents for free by visiting EDGAR on the SEC website at www.sec.gov. Alternatively, the issuer, any underwriter, or any dealer participating in the offering will arrange to send you the prospectus if you request it by calling 877-547-6340 or 800-792-2413.



Presentation overview

1

The opportunity for Cologuard

2

Leveraging Cologuard's growth toward becoming a standard of care

3

Product pipeline



OUR MISSION

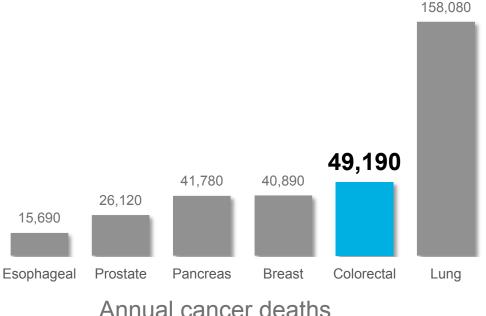
To partner with healthcare providers, payers, patients & advocacy groups to

help eradicate colon cancer



Colon cancer: America's second deadliest cancer







Why is colon cancer the "Most preventable, yet least prevented form of cancer"?



Pre-cancerous polyp

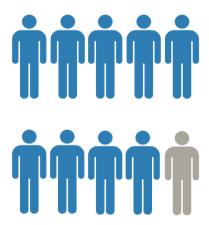
Four stages of colon cancer



Detecting colorectal cancer early is critical

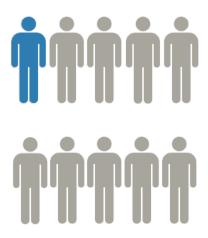
60% of patients are diagnosed in stages III-IV

Diagnosed in Stages I or II



9 out of 10 survive 5 years

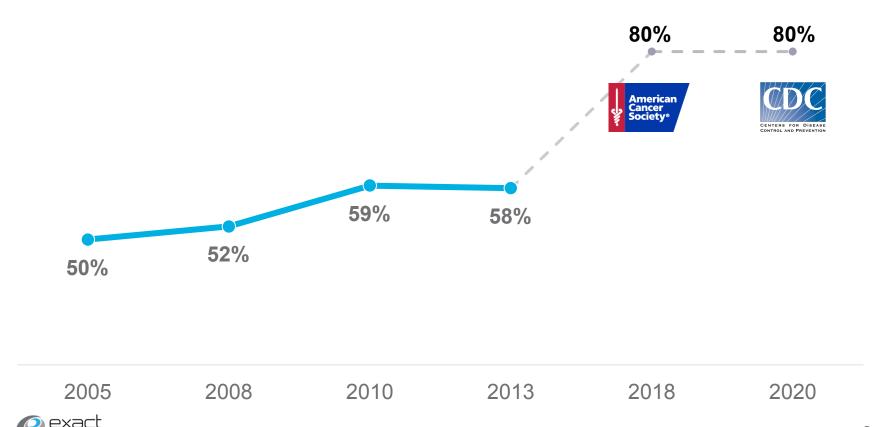
Diagnosed in Stage IV



1 out of 10 survive 5 years



America's stagnant colon cancer screening rate



Cologuard: Addressing the colon cancer problem



Developed with Mayo Clinic

- Stool DNA test: 11 biomarkers (10 DNA & 1 protein)
- FDA-approved & covered by Medicare List price - \$649; Medicare rate - \$509
- Results of 10,000-patient prospective trial published in New England Journal of Medicine
- Included in American Cancer Society guidelines & US Preventive Services Task Force draft guidelines



Three easy steps to using Cologuard





Cologuard's performance confirmed in recent study



PROCEEDINGS

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92% (60/65)

October 2015

100% (10/10)

Precancer detection

Cancer

detection

42% (321/757)

41%

(31/76)

Specificity (clean colon*)

90% (4002/4457)

93% (296/318)



New modeling supports Cologuard's use every 3 years

 Cologuard's cost-effectiveness compares favorably with established screening strategies



breast cancer \$30,000 per QALY 2 years



Exact Sciences Labs: A facility delivering results



Capable of processing >1 million Cologuard tests annually



Only 24/7/365 nationwide colon cancer screening network drives compliance



71%

Patient compliance

Patients

Doubling compliance through direct engagement

Physicians

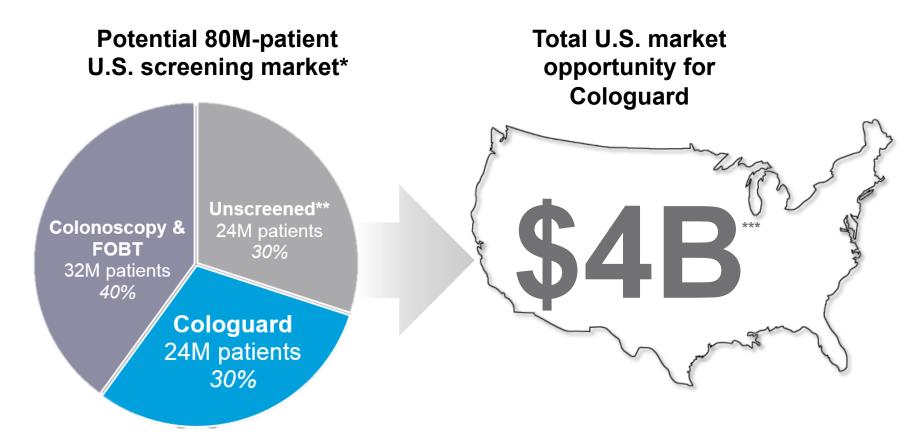
Easing burden of colon cancer screening follow-up

Payers

Maintaining metrics to support 3-year adherence



A multi-billion dollar U.S. market opportunity



Three-pronged commercial strategy

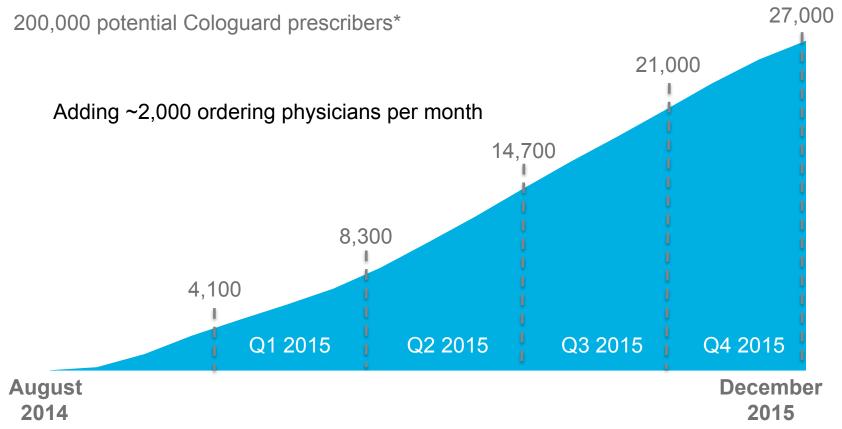








Cologuard's growing physician penetration



Strong customer satisfaction with Cologuard

Physicians expectations met or exceeded 96%

Patients rated
Cologuard experience
very positive



Early results illustrate Cologuard's impact

Cancers potentially detected by Cologuard

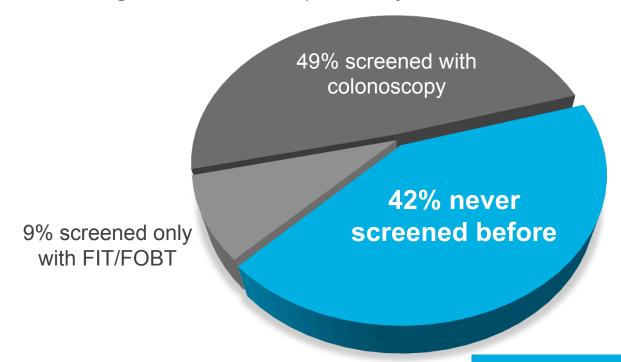






Increasing America's screening population

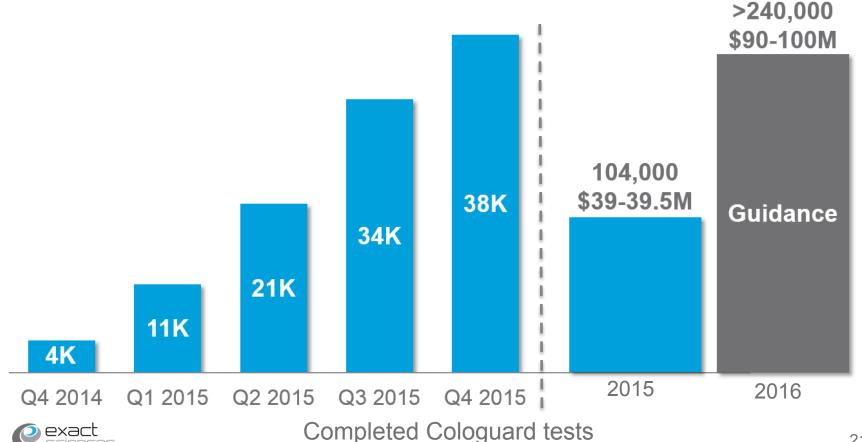
4 in 10 Cologuard users never previously screened



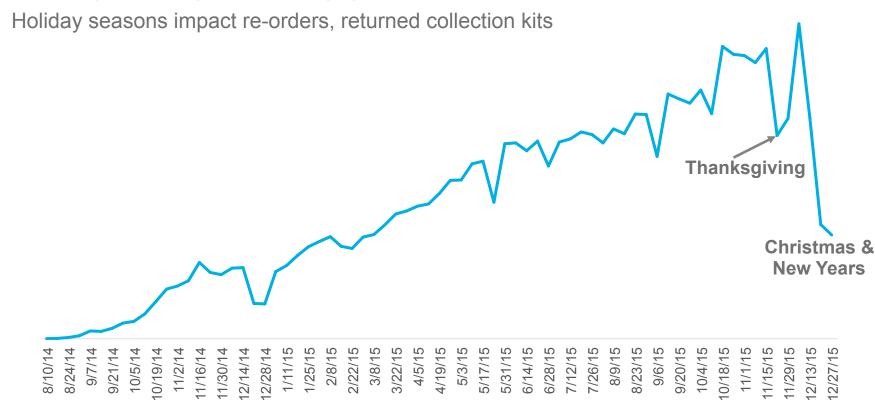
Screening history of Cologuard users



Completed Cologuard tests continue growing

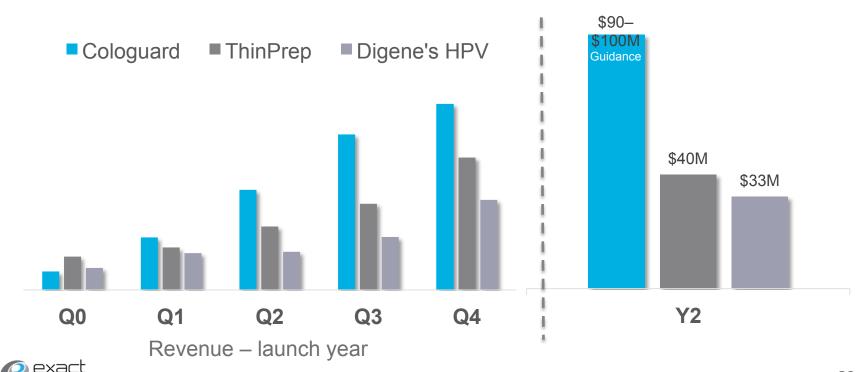


Strong weekly ordering growth



Cologuard outpacing benchmark diagnostic launches

First-year revenue 1.5x ahead of ThinPrep; 2x ahead of HPV



Strategy to advance coverage to contracting

Value proposition for payers



Quality of care

NEJM publication shows 92% sensitivity



Member satisfaction

Easy, non-invasive test; >70% patient compliance



Cost savings

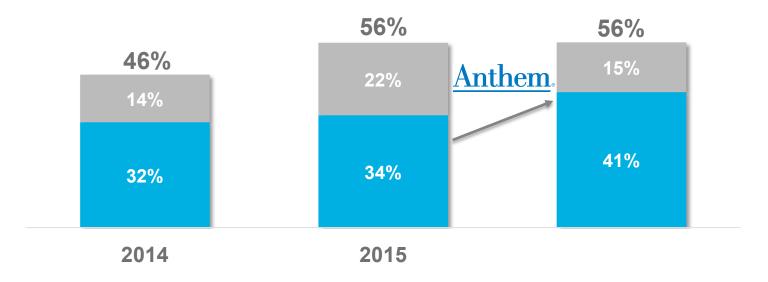
Cologuard delivering positive budget impact



Expanding Cologuard's coverage for relevant patients

Covered, in-network contract

Covered, not contracted





Anthem BlueCross BlueShield contract & in-network status will drive adoption

- 37.6 million covered lives, second largest insurer in U.S.
- Strong presence in 14 states
 - Largest plan in 6 states



- Second largest plan in 4 states
- Anthem enters into agreements by network/region
 - California contract signed January 2016
 - Seeking 5 agreements in 1H 2016
- Parallel implementation of commercial pull through plan



USPSTF draft guidelines

- Cologuard included in draft guidelines as alternative screening test
- Draft guidance removes "I" rating from 2008 guidelines
- Cologuard 3-yr: best benefits to harms of all screening options reviewed by the Task Force
- Final guidelines expected in late 2016
- Support from American Cancer Society, Mayo Clinic, key interest groups & 30+ lawmakers



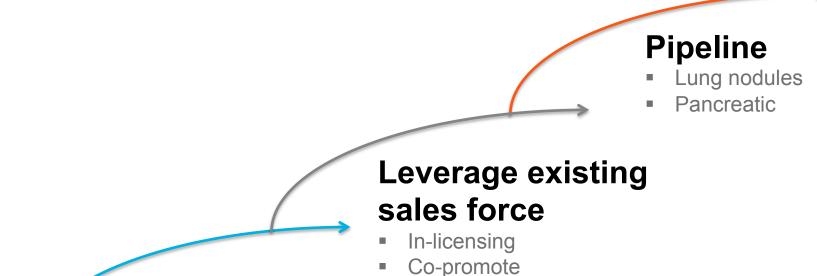
Focusing product pipeline on targeted opportunities

	Type of test	Clinical need	Market opportunity	Initial data readout
Lung nodules	blood	~1.5M patients/ year*	\$1.0B+	2H 2016
Pancreatic cancer	pancreatic	600-700K patients with cysts	\$0.5B+	2H 2016



Establishing a long-term growth plan

Cologuard



Product acquisition

