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Improving colorectal cancer screening saves lives

OC-Auto[®] FIT

Increase patient participation, identify cancer earlier, and reduce mortality with the only Tier 1, guideline-recommended Fecal Immunochemical Test (FIT) backed by proven clinical outcomes.^{1,2}

The #1 automated noninvasive CRC screening tool in the world³

OC-Auto[®] FIT

Colorectal cancer screening saves lives

Colorectal cancer (CRC) has the second-highest death rate among cancers. **If detected at an early stage**, **90% of all CRC deaths are preventable**.⁴

Tier 1 recommendations support annual FIT screening for 45-75 year olds^{1,5,6}

CRC screening guidelines and recommendations have been published by organizations including the US Preventive Services Task Force, American College of Gastroenterology, and the US Multi-Society Task Force on Colorectal Cancer.

Primary screening method and frequency for average-risk patients: FIT annually; colonoscopy every 10 years.

The only Tier 1, guideline-recommended FIT backed by proven clinical outcomes^{1,2}: OC-Auto FIT



"The OC-Light and the OC FIT-CHEK[®] family of FITs have the **best test performance characteristics** (i.e., highest sensitivity and specificity)."⁷ -US Preventive Services Task Force



"The fecal immunochemical test product [by Polymedco] is the FIT test with the **best clinical evidence** to support its use."⁸

-Dr Douglas Rex, Past President of the American College of Gastroenterology (ACG)

OC-Auto[®] FIT

Proven clinical impact

Only OC-AUTO has been proven to Increase patient participation, identify cancer earlier, and reduce mortality.^{1,2}

Increase in patient compliance²

43.8% from **38.9%** in 2000 to **82.7%** in 2015

Reduction in annual CRC incidence²

Reduction in cancer mortality²

4 25.5%



"Adherence to the screening program increased progressively over the years, reaching almost 90% of the target population."⁹

OC-Auto Vac



savings of approximately \$5.8 million per year."¹⁰

Proven cost reduction

In a large health system study, transitioning to FIT

alone for all non-invasive screening results in a

[†]Multi-target stool DNA test.

Improved patient experience

Ease of use makes annual FIT screening a reality



• 99.8% of patients returned the collection device correctly¹¹



90% of survey respondents reported that the automated test collection device was simple-to-very easy to use¹¹ "The best screening method is the one that gets done."

- Fight Colorectal Cancer



93%

of respondents that had previously performed the Guaiac test collection preferred the FIT test collection procedure (which is completely closed and without dietary restrictions)¹¹

Meet your CRC screening goals

Polymedco provides solutions and support to optimize your screening program

Our partnership includes:

- In-service trainings, in person or remote
 - Patient and provider educational materials
 - Patient instructions in over 40 languages
- Business reviews to assess impact
- Direct-to-home mailing to help improve patients' access to care

Polymedco's FIT analyzers, OC-Auto Sensor io and Diana, are designed with laboratories in mind.



Increase productivity



Remove subjectivity of reading results



| | OC-Auto Sensor io | OC-Auto Sensor Diana |
|--|----------------------|-------------------------|
| Detection of fecal occult blood in stool for colorectal cancer screening | | \checkmark |
| Single samples with no dietary restrictions | \bigcirc | \bigcirc |
| 15 day inoculated stability | \bigcirc | \checkmark |
| # of tests per hour | 88 | 280 |
| Closed sampling bottle | \bigcirc | \checkmark |
| Built-in sample bar code reader | \bigcirc | |
| Latex agglutination immunoassay | \bigcirc | \checkmark |
| QC & calibration liquid ready | \bigcirc | - |

Contact a Polymedco representative and learn more today.

References 1. US Preventive Services Task Force, Davidson KW, Barry MJ, et al. Screening for colorectal cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238 2. Levin TR, Corley DA, Jensen CD, et al. Effects of organized colorectal cancer screening on cancer incidence and mortality in a large community-based population. Gastroenterology. 2018;155(5):1383-1391. doi:10.1053/j.gastro.2018.07.017 3. Data on file internally at Polymedco, LLC (1) 4. Data & Progress. National Colorectal Cancer Roundtable. May 10, 2023. Accessed July 11, 2023. https://nccrt.org/data-progress/ 5. Shaukat A, Kahi CJ, Burke CA, Rabeneck L, Sauer BG, Rex DK. ACG Clinical Guidelines: Colorectal Cancer Screening 2021. Am J Gastroenterol. 2021;116(3):458-479. doi:10.14309/ajg.000000000000122 6. Rex DK, Boland CR, Dominitz JA, et al. Colorectal Cancer Screening: Recommendations for Physicians and Patients from the US. Multi-Society Task Force on Colorectal Cancer. Am J Gastroenterol. 2017;112(7):1016-1030. doi:10.1038/ajg.2017.174 7. UPSTF. Public comment on draft recommendation statement and draft evidence review: screening for colorectal cancer 8. NEJM Journal Watch: Summaries of and commentary on original medical and scientific articles from key medical journals. Published June 13, 2013. https://www.ijwatch.org/na31297/2013/06/13/finding-best-fit-colorectalcancer-screening 9. Roselló S, Sinón S, Cervantes A. Programmed colorectal cancer screening decreases incidence and mortality. Trans/ Gastroenterol. 2019;4:84. doi:10.21037/tgh.2019;12.13. 2018;4:84-84. 10. Allen CJ, Bloom N, Rothka M, et al. Comprehensive Cost Implications of Commercially Available Nonirvasive Colorectal Cancer Screening Modalities. J Am Coll Surg. 2023;10. doi:10.1097/XCS.0000000000000000768 11. Data on file internally with Polymedco, LLC (2)

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