

(sodium sulfate, potassium sulfate and magnesium sulfate) Oral Solution

(17.5g/3,13g/1.6g) per 6 ounces



A QUALITY COLONOSCOPY BOWEL PREP AND SCREENING BEGINS WITH YOU

Put the quality of your bowel prep first—A successful bowel prep results in better screening for the detection and prevention of colorectal cancer<sup>1,2</sup>

### Important Safety Information

SUPREP® Bowel Prep Kit (sodium sulfate, potassium sulfate and magnesium sulfate) Oral Solution is an osmotic laxative indicated for cleansing of the colon as a preparation for colonoscopy in adults.

Please see full Important Safety Information on page 11 and enclosed Prescribing Information.

References: 1. Di Palma JA, Rodriguez R, McGowan J, Cleveland M. A randomized clinical study evaluating the safety and efficacy of a new, reduced-volume, oral sulfate colon-cleansing preparation for colonoscopy. Am J Gastroenterol. 2009;104(9):2275-2284. 2. Lieberman DA, Rex DK, Winawer SJ, Giardiello FM, Johnson DA, Levin TR. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. Gastroenterology. 2012;143(3):844-857.

# THE IMPORTANCE OF COLORECTAL CANCER SCREENING

Colorectal cancer grows slowly, and often begins as the development of a noncancerous growth in the inner lining of the colon or rectum.<sup>3</sup> As these growths become larger, there is an increased chance that they will become cancerous.<sup>3</sup> Early-stage colorectal cancer does not typically have any symptoms, which is why screening is important to help detect this cancer early.<sup>3</sup>

A colonoscopy is the most common screening test for colorectal cancer in the US, and has been proven to help save lives through early detection.<sup>4,5</sup> The 5-year survival rate for early-stage colorectal cancer is 90%, compared to survival rates of later-stage disease that range from 14% to 71%.<sup>5</sup>

References: 3. American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society; 2017. 4. Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. Gastrointest Endosc. 2015;81(1):31-53. 5. American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

### Colorectal cancer by the numbers



Colorectal cancer is among the 3 most common cancers expected to occur in both men and women<sup>6</sup>



1 in 22 men and 1 in 24 women will be diagnosed with colorectal cancer in their lifetime<sup>3</sup>



33% of eligible adults in the US have never been screened for colorectal cancer<sup>3</sup>



The American College of Gastroenterology recommends that people of average risk for colorectal cancer start regular screening for colorectal cancer at age 50<sup>4</sup>

Colorectal cancer screening can help prevent and detect colorectal cancer early; when treatment is most effective.<sup>5</sup>

References: 3. American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society; 2017. 4. Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointest Endosc.* 2015;81(1):31-53. 5. American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018. 6. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2018. *CA Cancer J Clin.* 2018;68(1):7-30.

## MAKE YOUR COLONOSCOPY COUNT WITH SUPREP® BOWEL PREP KIT

During a colonoscopy, a doctor examines the inside of the rectum and colon to check for cancer and precancerous growths.<sup>3</sup>

A thorough colon-cleansing preparation is essential to a successful colonoscopy screening by<sup>4</sup>:

- Ensuring direct visual examination of the entire colon
- Preventing incomplete and repeat colonoscopies

SUPREP can help you achieve quality cleansing results to prepare for your colonoscopy.<sup>1,4,7,8</sup>

Important Safety Information, continued

Most common adverse reactions (>2%) are overall discomfort, abdominal distention, abdominal pain, nausea, vomiting and headache.

References: 1. Di Palma JA, Rodriguez R, McGowan J, Cleveland M. A randomized clinical study evaluating the safety and efficacy of a new, reduced-volume, oral sulfate colon-cleansing preparation for colonoscopy. *Am J Gastroenterol.* 2009;104(9):2275-2284. 3. American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society; 2017. 4. Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointest Endosc.* 2015;81(1):31-53. 7. Rex DK, Di Palma JA, Rodriguez R, McGowan J, Cleveland M. A randomized clinical study comparing reduced-volume oral sulfate solution with standard 4-liter sulfate-free electrolyte lavage solution as preparation for colonoscopy. *Gastrointest Endosc.* 2010:72(2):328-336. 8. Rex DK, Di Palma JA, McGowan J, Cleveland M. A comparison of oral sulfate solution with sodium picosulfate: magnesium citrate in split doses as bowel preparation for colonoscopy. *Gastrointest Endosc.* 2014;80(6):1113-1123.



SUPREP<sup>®</sup> Bowel Prep Kit is the #1 most prescribed, branded bowel prep kit with more than 18 million kits dispensed since 2010.<sup>®</sup> As an FDA-approved regimen, SUPREP is designed to clean the entire colon before a colonoscopy.<sup>10</sup>

SUPREP provided good/excellent cleansing in more than 94% of patients, including "excellent" cleansing in more than 54% of patients.<sup>8</sup>

### Visit suprepkit.com to:

- Sign up for a SUPREP Bowel Prep Kit savings voucher
- Access instruction sheets in 8 languages
- Watch an instructional video on preparing for your colonoscopy

You can also call us at 1-800-874-6756 with any questions or to learn more about the SUPREP Bowel Prep Kit

### Important Safety Information, continued

Use is contraindicated in the following conditions: gastrointestinal (GI) obstruction, bowel perforation, toxic colitis and toxic megacolon, gastric retention, ileus, known allergies to components of the kit.

References: 8. Rex DK, Di Palma JA, McGowan J, Cleveland M. A comparison of oral sulfate solution with sodium picosulfate: magnesium citrate in split doses as bowel preparation for colonoscopy. *Gastrointest Endosc.* 2014;80(6):1113-1123. 9. IQVIA. National Prescription Audit Report. January 2020. 10. SUPREP Bowel Prep Kit [package insert]. Braintree, MA: Braintree Laboratories, Inc; 2017.

### ACHIEVE COLON CLEANSING WITH SPLIT DOSING

### Why split dose?

Split dosing maximizes the quality of your cleanse, which can lead to a better colonoscopy screening compared to a single, day-before dose.<sup>11</sup>

A split-dose prep also maximizes cleansing within the proximal colon, where flat adenomas and subtle serrated lesions can be missed during screening if the prep is insufficient 4,12

Adenomas, lesions, and polyps missed during screening may eventually lead to colorectal cancer.<sup>4</sup>

The SUPREP<sup>®</sup> Bowel Prep Kit is taken as a split-dose regimen, which produces the best colon cleansing results according to American College of Gastroenterology (ACG) guidelines.<sup>4,10</sup>

In this two-day split-dose regimen, you will take the first 6-ounce bottle of SUPREP the evening before your colonoscopy and the second 6-ounce bottle of SUPREP the morning of your colonoscopy.<sup>10</sup> Each bottle is to be mixed with 10 ounces of water and must be followed by consuming two additional 16-ounce cups of water over the next hour.<sup>10</sup>

### Important Safety Information, continued

Use caution when prescribing for patients with a history of seizures, arrhythmias, impaired gag reflex, regurgitation or aspiration, severe active ulcerative colitis, impaired renal function or patients taking medications that may affect renal function or electrolytes.

References: 4. Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointest Endosc*. 2015;81(1):31-53. 10. SUPREP Bowel Prep Kit [package insert]. Braintree, MA: Braintree Laboratories, Inc; 2017. 11. Rex DK, Johnson DA, Anderson JC, Schoenfeld PS, Burke CA, Inadomi JM; American College of Gastroenterology. American College of Gastroenterology guidelines for colorectal cancer screening 2009 [corrected]. *Am J Gastroenterol*. 2009;104(3):739-750. 12. Lasisi F and Rex DK. Improving protection against proximal colon cancer by colonoscopy. *Expert Rev Gastroenterol Hepatol*. 2011;5(6):745-754.

### Steps to preparing for your colonoscopy with SUPREP<sup>\*10</sup>

It is important for you to take both 6-ounce bottles as instructed below for a complete preparation and drink water before, during, and after each dose of SUPREP:

- On the day before your procedure, you may have a light breakfast or clear liquids ONLY; please have nothing for lunch or dinner.
   DO NOT drink milk, eat or drink anything colored red or purple, or drink alcoholic beverages
- On the evening before your procedure, or when your doctor tells you to begin, complete steps 1 through 4 using one (1) 6-ounce bottle before going to bed
- On the morning of your procedure, 10-12 hours after taking your first dose and at least 2 hours prior to your colonoscopy, repeat steps 1 through 4 using the other 6-ounce bottle



Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container.



Add cool drinking water to the 16-ounce line on the container and mix.

NOTE: Be sure to dilute SUPREP as shown at left before you drink it.



Drink ALL the liquid in the container.



You must drink two (2) more 16-ounce containers of water over the next 1 hour.

NOTE: You must finish drinking the final glass of water at least 2 hours, or as directed, before your colonoscopy.

### Visit www.suprepkit.com/dosing for a Dosing Countdown Planner to help you manage your split-dose schedule.

Important Safety Information, continued

Use can cause temporary elevations in uric acid. Uric acid fluctuations in patients with gout may precipitate an acute flare.

Reference: 10. SUPREP Bowel Prep Kit [package insert]. Braintree, MA: Braintree Laboratories, Inc; 2017.

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# WHEN SHOULD I GET SCREENED FOR COLORECTAL CANCER?



The American Cancer Society recommends regular screening beginning at age 45 for people who are at average risk of colorectal cancer, although Medicare and most insurance plans only cover costs for those age 50 and older.<sup>13,14</sup>

However, screening is recommended earlier for most people at increased risk due to their medical history or certain medical conditions, including<sup>5</sup>:

- A personal or family history of colorectal cancer
- A personal or family history of colorectal cancer syndromes, such as Lynch syndrome (also known as hereditary nonpolyposis colorectal cancer), and familial adenomatous polyposis
- A personal history of chronic inflammatory bowel disease
- Type 2 (adult onset) diabetes

The ACG recommends split dosing for the best screening results.<sup>4</sup> When you need to prepare for a colonoscopy screening, ask about SUPREP\*.<sup>10</sup>

Important Safety Information, continued

Administration of osmotic laxative products may produce mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization.

References: 4. Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointest Endosc.* 2015;81(1):31-53. 5. American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018. 10. SUPREP Bowel Prep Kit [package insert]. Braintree, MA: Braintree Laboratories, Inc; 2017. 13. American Cancer Society website. American Cancer Society guideline for colorectal cancer screening. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations. html. Accessed February 28, 2019. 14. American Cancer Society website. Insurance coverage for colorectal cancer screening. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-coverage-laws.html. Accessed February 28, 2019.

### SUPREP® IS THE **#1 MOST PRESCRIBED, BRANDED BOWEL** PREP KIT.9

With more than 18 million kits dispensed since 2010.9



Important Safety Information, continued

Patients with impaired water handling who experience severe vomiting should be closely monitored including measurement of electrolytes. Advise all patients to hydrate adequately before, during, and after use.

Reference: 9. IQVIA. National Prescription Audit Report. January 2020.

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Use is contraindicated in the following conditions: gastrointestinal (GI) obstruction, bowel perforation, toxic colitis and toxic megacolon, gastric retention, ileus, known allergies to components of the kit. Use caution when prescribing for patients with a history of seizures, arrhythmias, impaired gag reflex, regurgitation or aspiration, severe active ulcerative colitis, impaired renal function or patients taking medications that may affect renal function or electrolytes. Use can cause temporary elevations in uric acid. Uric acid fluctuations in patients with gout may precipitate an acute flare. Administration of osmotic laxative products may produce mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Patients with impaired water handling who experience severe vomiting should be closely monitored including measurement of electrolytes. Advise all patients to hydrate adequately before, during, and after use. Each bottle must be diluted with water to a final volume of 16 ounces and ingestion of additional water as recommended is important to patient tolerance.

References: 1. Di Palma JA, Rodriguez R, McGowan J, Cleveland M. A randomized clinical study evaluating the safety and efficacy of a new, reduced-volume, oral sulfate colon-cleansing preparation for colonoscopy. Am J Gastroenterol. 2009;104(9):2275-2284. 2. Lieberman DA, Rex DK, Winawer SJ, Giardiello FM, Johnson DA, Levin TR. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology.* 2012;143(3):844-857.

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Important Safety Information, continued

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