GI
connect
POWERED BY COR2ED

WHAT ARE THE PROS AND CONS OF ADJUVANT TREATMENT IN STAGE II COLORECTAL CANCER?

Priv.-Doz. Dr. Thomas Winder

Academic Teaching Hospital Feldkirch, Austria and
Swiss Tumor Molecular Institute, Zurich, Switzerland

Prof. Sebastian Stintzing

University Hospital Munich, Germany

Dr. Shubham Pant

MD Anderson Cancer Center, Houston, TX, USA

DISCLAIMER

Please note:

The views expressed within this presentation are the personal opinions of the authors. They do not necessarily represent the views of the authors' academic institutions or the rest of the GI CONNECT group

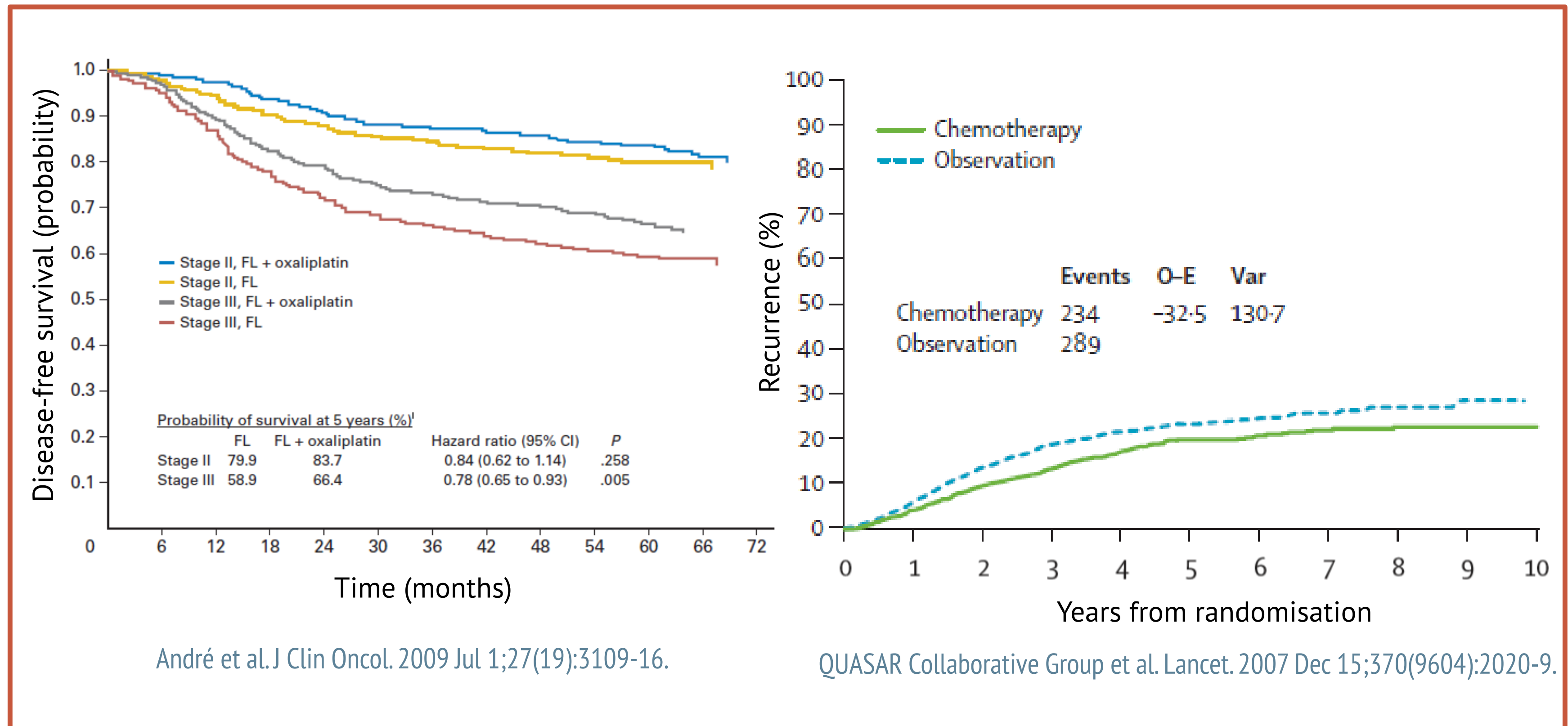
ADJUVANT TREATMENT IN STAGE II COLORECTAL CANCER: PRO ARGUMENT

Prof. Sebastian Stintzing

University Hospital, Munich, Germany

STAGE II: ADJUVANT CHEMOTHERAPY INCREASES DFS BY 2-3%

GI connect
POWERED BY COR2ED



André et al. J Clin Oncol. 2009 Jul 1;27(19):3109-16.

QUASAR Collaborative Group et al. Lancet. 2007 Dec 15;370(9604):2020-9.

CI, confidence interval; DFS, disease-free survival; FL, fluorouracil and leucovorin

STAGE II: CLINICO-PATHOLOGICAL RISK FACTORS FOR RECURRENCE

GI connect
POWERED BY COR2ED

UNIVARIABLE RISK OF RECURRENCE FOR COLON CANCER STAGE II-III

Clinicopathological parameter	HR (95% CI)[1]	Patients (n)
pT-stage T1–2 T3	1 1.85 (1.10–3.23)	1167
pT-stage T3 T4	1 1.90 (1.08–3.32)	2411
pN-stage N1 N2	1 2.27 (1.89–2.73)	1707
Lymph nodes studied (n) ⩾ 12 (15) < 12 (15)	1 1.96 (1.09–3.57)	1052
Differentiation Well/moderate Low	1 1.58 (1.08–2.33)	2795
Perforation or obstruction No Yes	1 1.97 (1.11–3.51)	539

Clinicopathological parameter	HR (95% CI)[1]	Patients (n)
Neural invasion No Yes	1 1.99 (0.84–4.74)	162
Vascular invasion No Yes	1 2.08 (1.26–3.43)	1281
MMR-status Proficient (MSI-stable) Deficient (MSI-unstable)	1 0.54 (0.41–0.68)	2854
CEA-level < 5 ng/ml ⩾ 5 ng/ml	1 1.85 (0.27–12.6)	162
KRAS-status Wildtype Mutation	1 1.04 (0.85–1.28)	1404

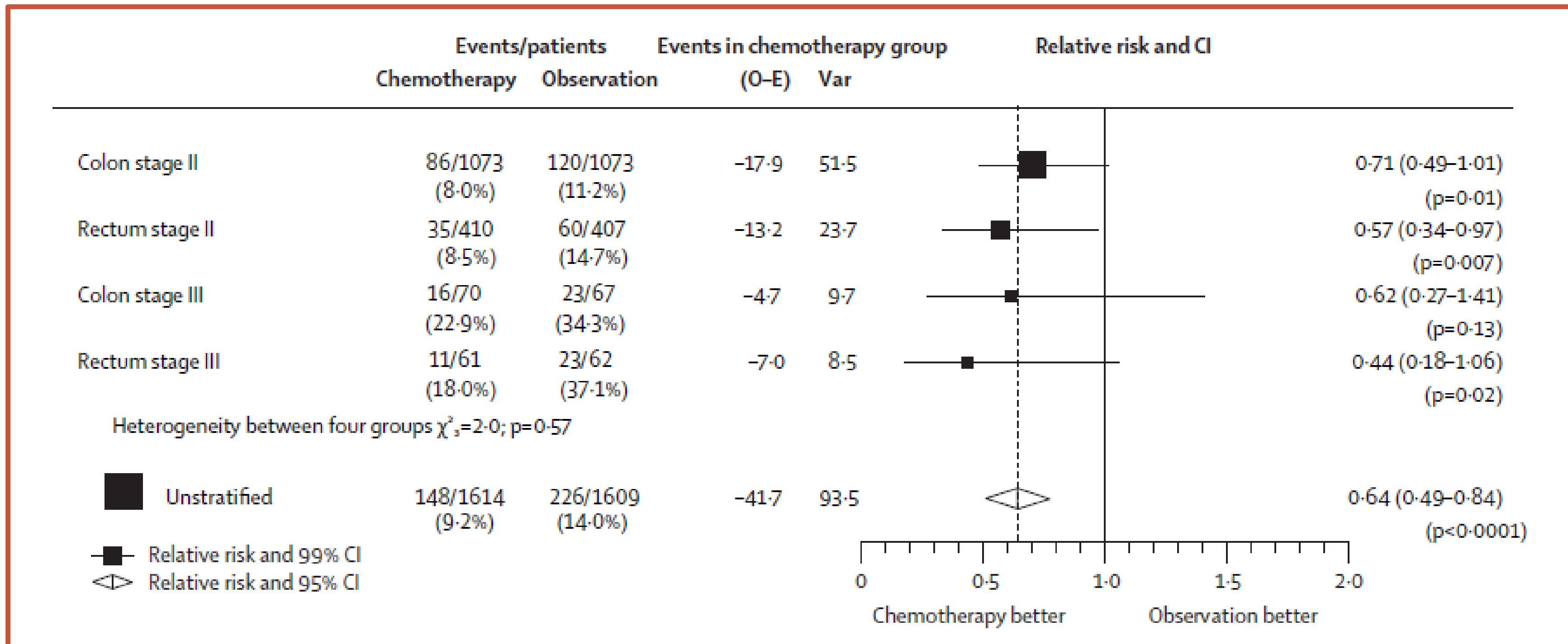
1. Pooled univariable values for risk of recurrence. Both 3- and 5-year hazard ratios were included in this table. Random effects model was used for the meta-analysis.

Böckelman et al. Acta Oncol. 2015 Jan;54(1):5-16

CEA, carcinoembryonic antigen; CI, confidence interval; HR, hazard ratio; KRAS, Kirsten Rat Sarcoma; MMR, mismatch repair; MSI, microsatellite instability; pN-stage, pathological nodal stage; pT-stage, pathological tumor stage

RELATIVE RISK OF RECURRENCE IN FIRST 2 YEARS AFTER RANDOMISATION BY STAGE AND SITE

GI connect
POWERED BY COR2ED

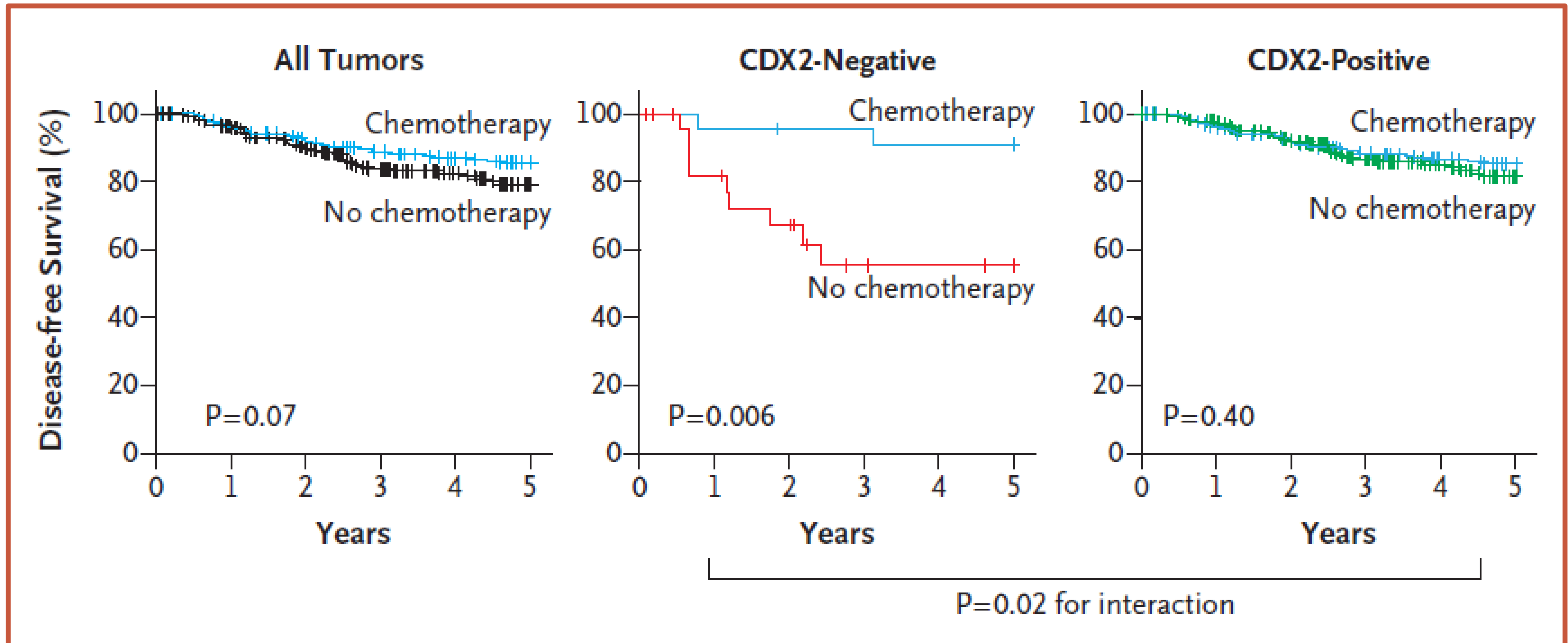


QUASAR Collaborative Group et al. Lancet. 2007 Dec 15;370(9604):2020-9
CI, confidence interval; DFS, disease-free survival

CDX2 EXPRESSION IS A PREDICTIVE FACTOR FOR THE USE OF CHEMOTHERAPY IN STAGE II DISEASE

GI connect
POWERED BY COR2ED

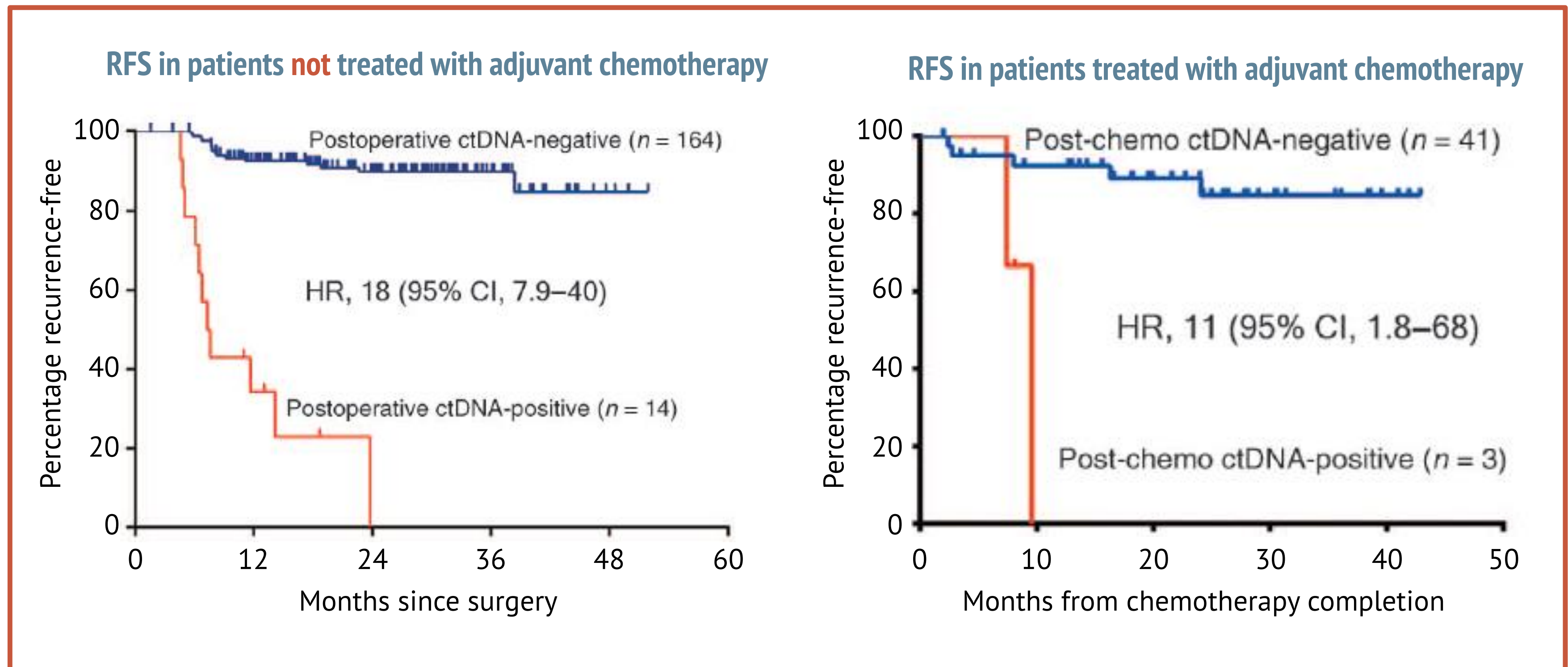
PATIENTS WITH STAGE II DISEASE



Dalerba et al. N Engl J Med. 2016 Jan 21;374(3):211-22
CDX2, caudaltype homeobox transcription factor 2

POST-SURGICAL ct-DNA IS A NEW MARKER TO PREDICT RECURRENCE IN STAGE II DISEASE

GI connect
POWERED BY COR2ED



Tie et al. Sci Transl Med. 2016 Jul 6;8(346):346ra92

CI, confidence interval; ctDNA, circulating tumor DNA; HR, hazard ratio; RFS, recurrence-free survival

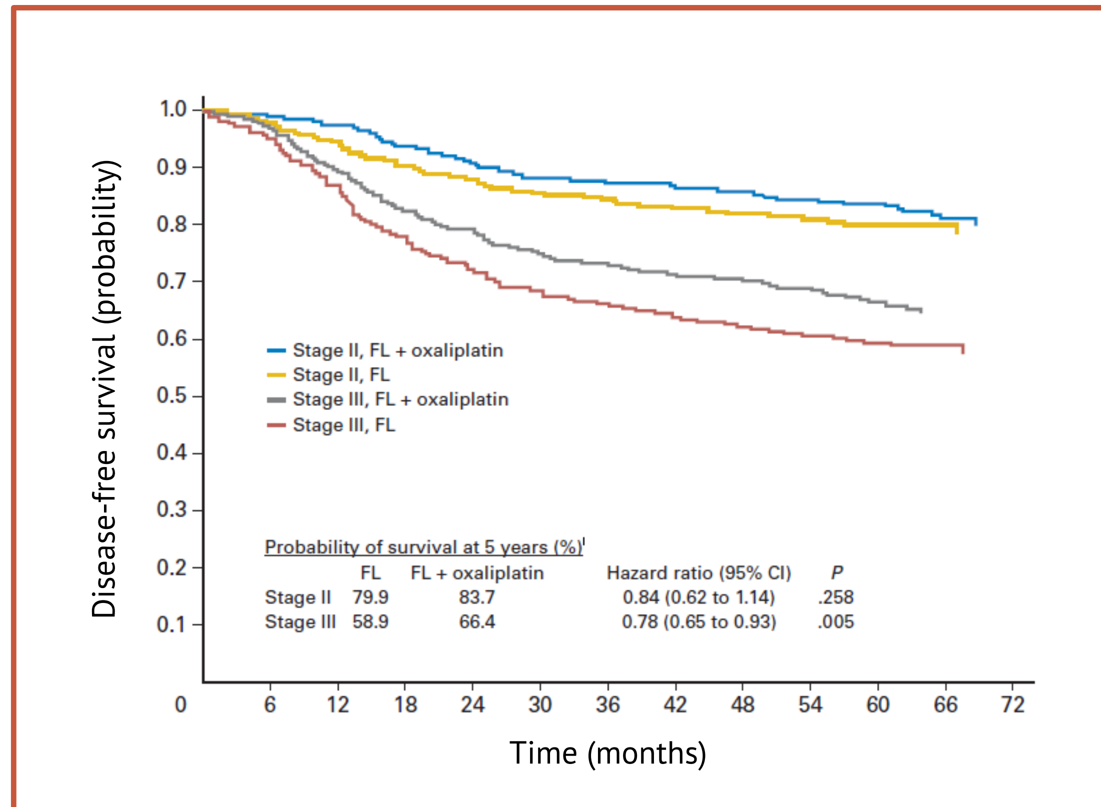
ADJUVANT TREATMENT OF STAGE II DISEASE: ONE SIZE DOES NOT FIT ALL

Dr. Shubham Pant

MD Anderson Cancer Center, Houston, TX, USA

STAGE II ADJUVANT CHEMOTHERAPY INCREASES DFS BY 2-3%; HOWEVER, NO DIFFERENCE IN OS WAS SEEN IN THE STAGE II POPULATION

GI connect
POWERED BY COR2ED



André et al. J Clin Oncol. 2009 Jul 1;27(19):3109-16

CI, confidence interval; DFS, disease-free survival; FL, fluorouracil and leucovorin; OS, overall survival

DR. SHUBHAM PANT'S CONCLUSIONS

GI connect
POWERED BY COR2ED

- Based on the current, available data, adjuvant chemotherapy cannot be considered as a standard of care for all patients with resected stage II disease
- Therapy may be warranted for a subgroup of patients on an individual basis and the oncologist must discuss risks vs. potential of benefit with patients

STAGE II 'HIGH-RISK' DISEASE

GI connect
POWERED BY COR2ED

Patients with stage II disease are considered at high risk if at least one of the following characteristics are identified:

1. Lymph nodes sampling <12
2. Poorly differentiated tumor
3. Vascular or lymphatic or perineural invasion
4. Tumour presentation with obstruction or tumor perforation
5. pT4 stage

Labianca et al. Ann Oncol. 2013 Oct;24 Suppl 6:vi64-72
pT4 stage, pathological tumor stage 4

OVERALL CONCLUSIONS

GI connect
POWERED BY COR2ED

- There is currently no clear consensus regarding the role of adjuvant treatment in patients with stage II colorectal cancer
- The decision whether to recommend adjuvant therapy should be done on an individual basis, considering patient and tumor characteristics, including pT4 stage and potential molecular factors, such as CDX2
- More data are needed to define the optimal use of adjuvant treatment for patients with stage II colorectal cancer

CDX2, caudaltype homeobox transcription factor 2; pT4 stage, pathological tumor stage 4

GI CONNECT
Bodenackerstrasse 17
4103 Bottmingen
SWITZERLAND

Dr. Antoine Lacombe
Pharm D, MBA
Phone: +41 79 529 42 79
antoine.lacombe@cor2ed.com

Dr. Froukje Sosef
MD
Phone: +31 6 2324 3636
froukje.sosef@cor2ed.com