

Colon Case Study

oncotype DX[®]
Colon Cancer Assay

74-Year-Old Male Patient

Tumor Type: Adenocarcinoma

Tumor Stage: Stage II: T3 (N0)

Histologic Grade: Low (1)

Lymph Node Status: Negative

Number of Lymph Nodes Assessed: 17

Mismatch Repair (MMR) Status: MMR-P (MSS)

Lymphovascular Invasion: Absent

Perforation: N/A

Obstruction: Absent

Other Information: 74 year old patient in poor condition after a fractured hip. While in rehab had symptoms of nausea and vomiting, which led to colonoscopy that revealed cancer. While awaiting Oncotype results patient fell and fractured the other hip. Back in rehab he developed bleeding and was admitted to the ER with a bowel perforation.

CASE SUBMITTED BY:

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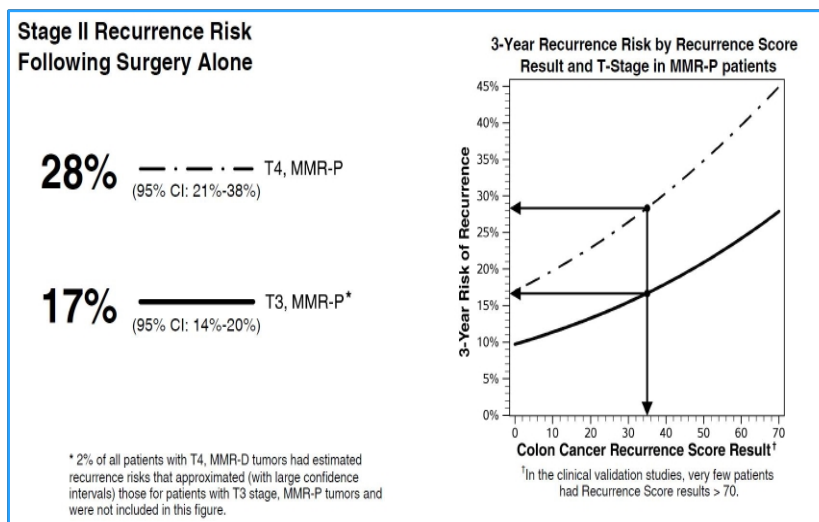
CLINICAL EXPERIENCE

Recurrence Score = **35**

Prognosis for Stage II MMR-P Colon Cancer Patients Following Surgery Alone

The clinical validation study included stage II colon cancer patients from the surgery-alone arm of the QUASAR study (N=711)¹ and a pre-specified analysis of the Recurrence Score result, in the context of T-stage and MMR status.

The average 3 year risk of recurrence for patients who had a Recurrence Score result of 35 was:



Impact of Nodes Assessed: For patients with ≥ 12 nodes examined the 3-year recurrence risk was lower than that shown in the Figure. For T3 MMR-P patients the reduction in risk ranged from 2% for low to 6% for high Recurrence Score results. For T4 MMR-P patients the reduction in risk ranged from 4% to 10% respectively. For all MMR-P patients with < 12 nodes examined, the recurrence risk was 2-3% higher.

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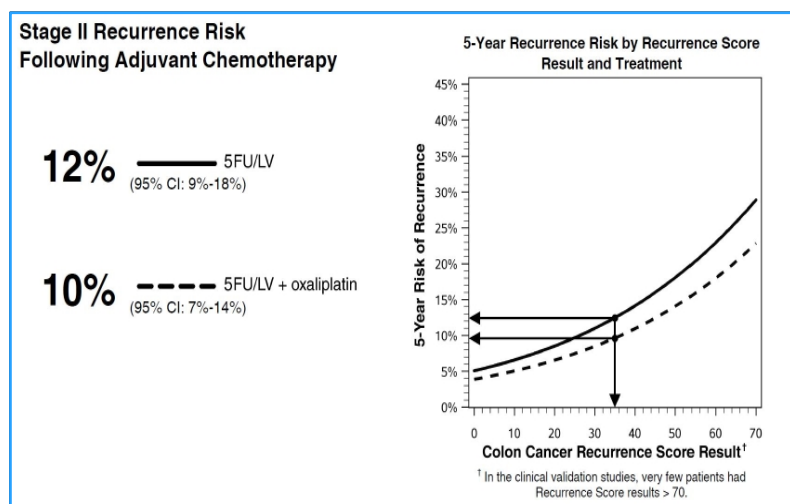
CLINICAL EXPERIENCE

Recurrence Score = **35**

Prognosis for Stage II MMR-P Colon Cancer Patients Following Adjuvant Chemotherapy

The clinical validation study included patients from the NSABP C-07 trial which randomized patients to 5FU/LV versus 5FU/LV+oxaliplatin; 264 patients were stage II, including 247 (94%) with T3 tumors. Of 213 patients with available MMR status, 82% were MMR-P.²

The average 5 year risk of recurrence for patients who had a Recurrence Score result of 35 was:



Impact of Nodes Assessed: The recurrence risk for patients with ≥ 12 nodes examined was lower than the risk for those with < 12 nodes examined.

References:

1. Gray et al. J Clin Oncol. 2011.
2. Yothers et al. J Clin Oncol. 2013.