

# Colon Case Study

onco*type* DX<sup>®</sup>  
*Colon Cancer Assay*

## 54-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:** 15

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

**Lymphovascular Invasion:** Absent

**Perforation:** N/A

**Obstruction:** Absent

**Other Information:** Tumor size 3.5 x 3 x 0.8cm. Patient received FOLFOX treatment but stopped oxaliplatin after 6 of 12 planned cycles due to neuropathy on follow up.

### CASE SUBMITTED BY:

James Glauber, MD

Comprehensive Cancer Care

St. Louis, MO

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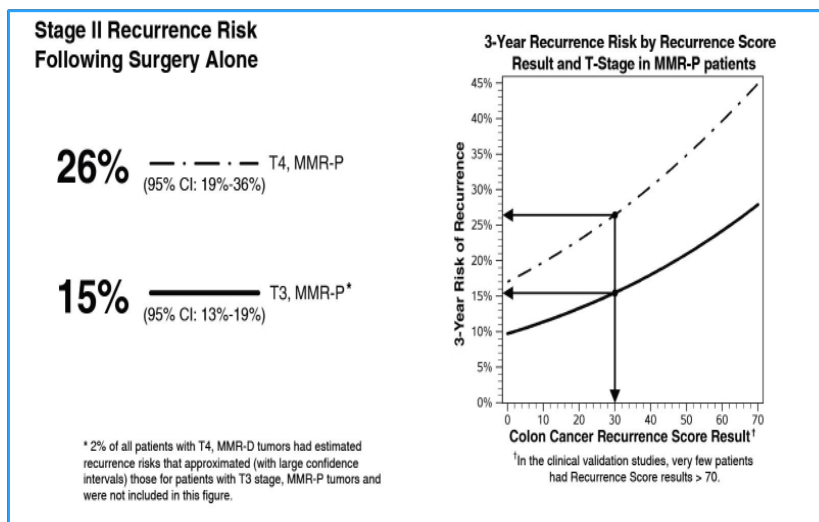
## CLINICAL EXPERIENCE

Recurrence Score = **30**

### 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)<sup>1</sup> 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 30 was:



Impact of Nodes Assessed: For patients with  $\geq 12$  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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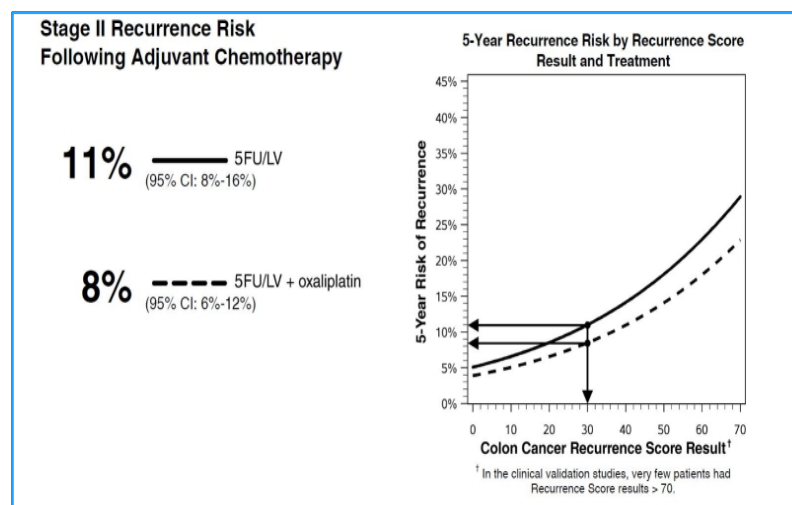
## CLINICAL EXPERIENCE

Recurrence Score = **30**

### 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.<sup>2</sup>

The average 5 year risk of recurrence for patients who had a Recurrence Score result of 30 was:



Impact of Nodes Assessed: The recurrence risk for patients with  $\geq 12$  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.