Colon Case Study

oncotype DX® Colon Cancer Assay

CASE SUBMITTED BY:
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85-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: 12

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

Lymphovascular Invasion: Absent

Perforation: N/A

Obstruction: Absent

Other Information: Not referred to Medical Oncologist

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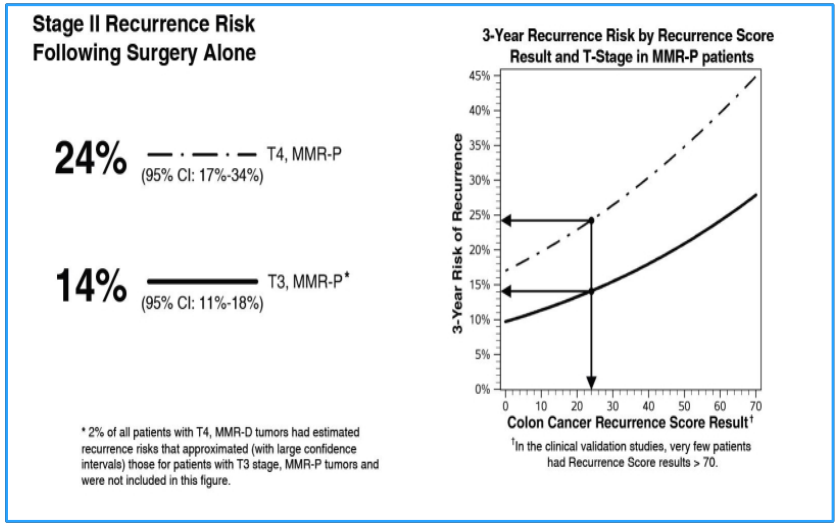
CLINICAL EXPERIENCE

Recurrence Score = 24

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 24 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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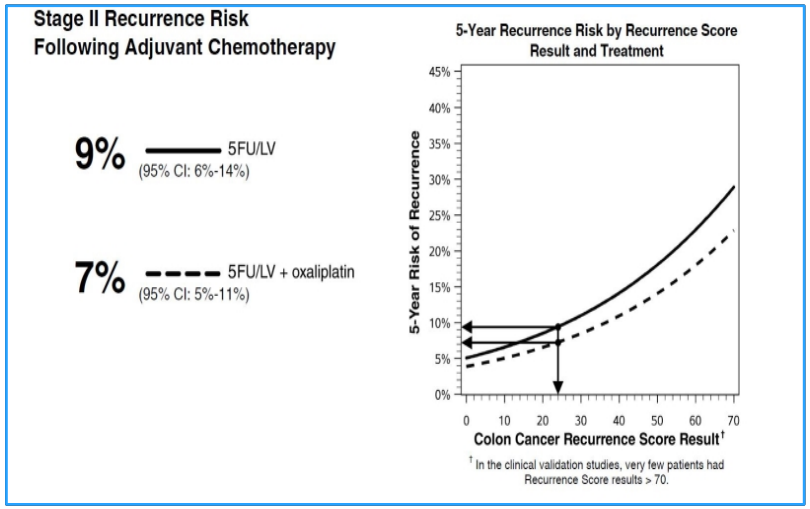
CLINICAL EXPERIENCE

Recurrence Score = 24

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 24 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.