42-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:** 22  
**Mismatch Repair (MMR) Status:** MMR-P (MSS)  
**Lymphovascular Invasion:** Absent  
**Perforation:** N/A  
**Obstruction:** Absent  
**Other Information:** Rectosigmoid colon, referred to Medical Oncologist.
Colon Case Study

CLINICAL EXPERIENCE

Recurrence Score = 37

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 37 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.
Colon Case Study

CLINICAL EXPERIENCE

Recurrence Score = 37

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 37 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: