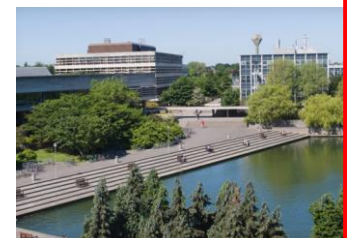




Early Age Colorectal Cancer Increasing Worldwide - Where Are We Going ?

Des Winter

ST VINCENT'S UNIVERSITY HOSPITAL
DUBLIN, IRELAND



Introduction

Increasing incidence of colorectal cancer in young adults in Europe over the last 25 years

Fanny ER Vuik,¹ Stella AV Nieuwenburg,¹ Marc Bardou,^{2,3} Iris Lansdorp-Vogelaar,² Mário Dinis-Ribeiro,^{4,5} Maria J Bento,⁶ Vesna Zadnik,⁷ María Pellisé,⁸ Laura Esteban,⁹ Michal F Kaminski,^{10,11,12} Stepan Suchanek,¹³ Ondřej Ngo,^{14,15} Ondřej Májek,^{14,15} Marcis Leja,¹⁶ Ernst J Kuipers,¹ Manon CW Spaander¹

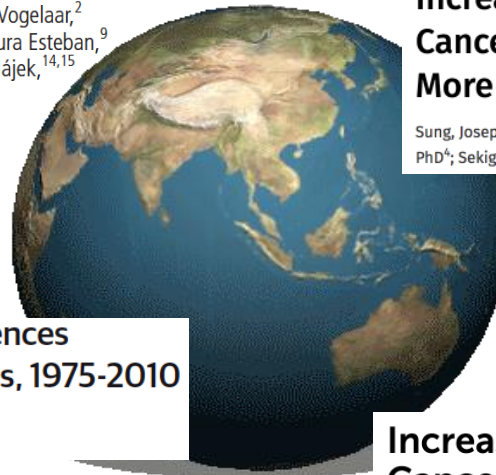
Increasing Trend in Young-Onset Colorectal Cancer in Asia: More Cancers in Men and More Rectal Cancers

Sung, Joseph J.Y. MD, PhD¹; Chiu, Han-Mo MD, PhD²; Jung, Kyu-Won MD, MS³; Jun, Jae Kwan MD, PhD⁴; Sekiguchi, Masau MD, PhD⁵; Matsuda, Takahisa MD, PhD⁵; Kyaw, Moe H. MBBS, MSc¹

Increasing Disparities in the Age-Related Incidences of Colon and Rectal Cancers in the United States, 1975-2010

Christina E. Bailey, MD, MSCI; Chung-Yuan Hu, MPH, PhD; Y. Nancy You, MD, MHSc; Brian K. Bednarski, MD; Miguel A. Rodriguez-Bigas, MD; John M. Skibber, MD; Scott B. Cantor, PhD; George J. Chang, MD, MS

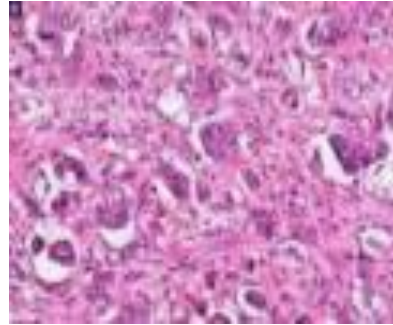
Increasing Incidence of Colorectal Cancer in Adolescents and Young Adults Aged 15–39 Years in Western Australia 1982–2007: Examination of Colonoscopy History



Early age onset CRC



Distal colon/rectum



Adverse histological features



Genetic predisposition



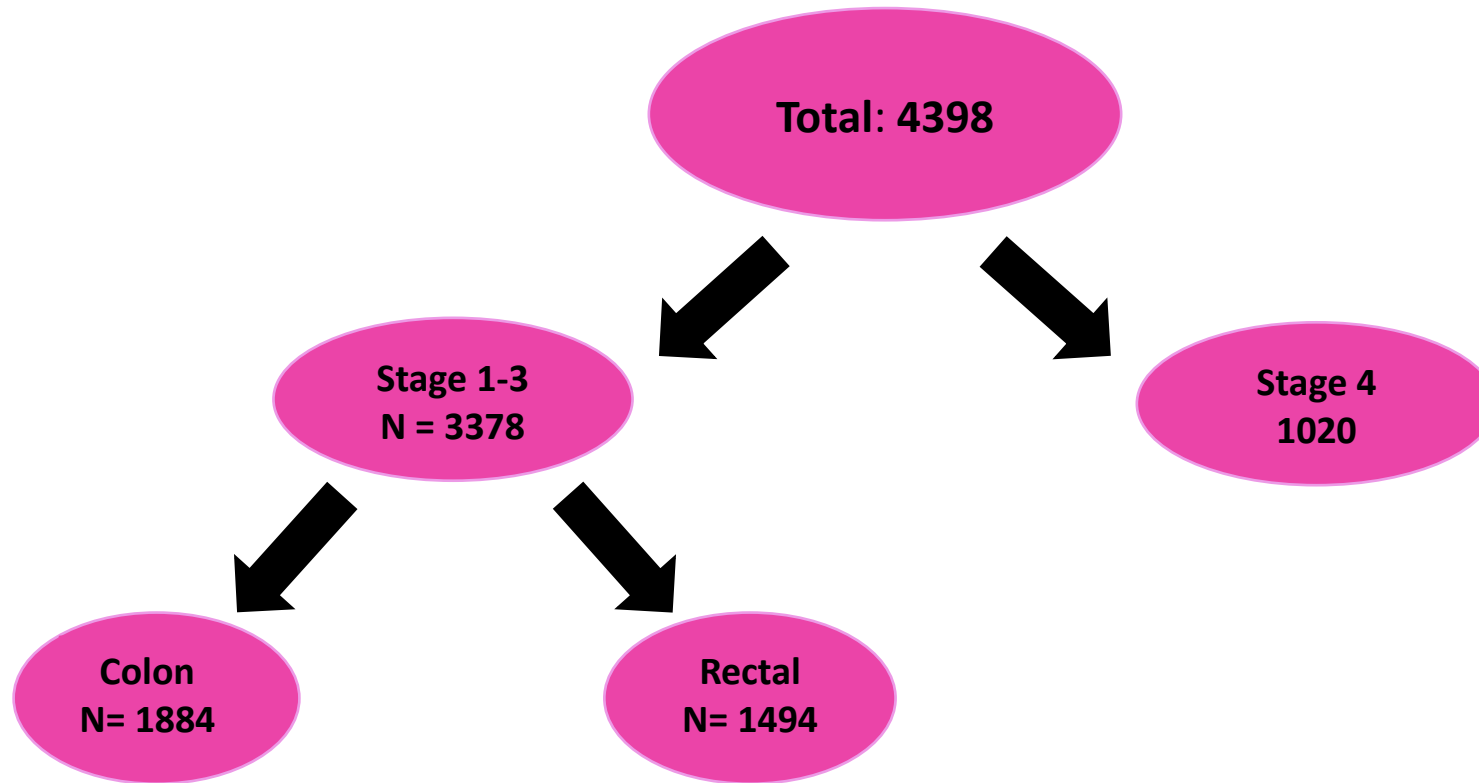
Research in Early Age Colorectal Cancer Trends

Research in Early Age Colorectal Cancer Trends (REACCT)



reactcollaborative@gmail.com

REACCT Collaborative Data



REACCT Collaborative Data

Clinicopathological features

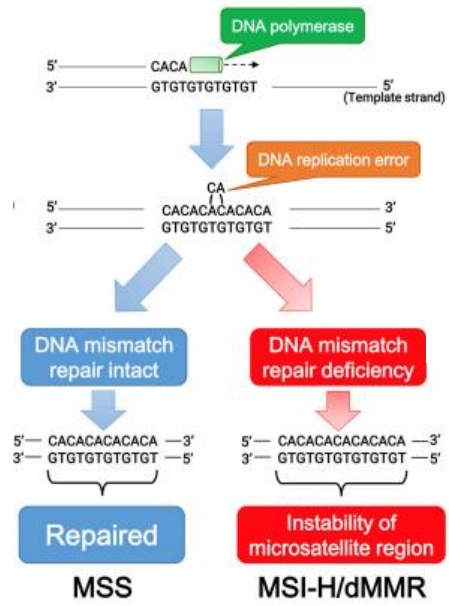
Microsatellite status (IHC / PCR)

Outcomes

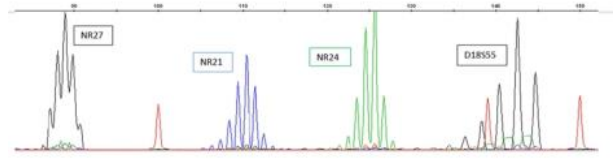


Stage I-III

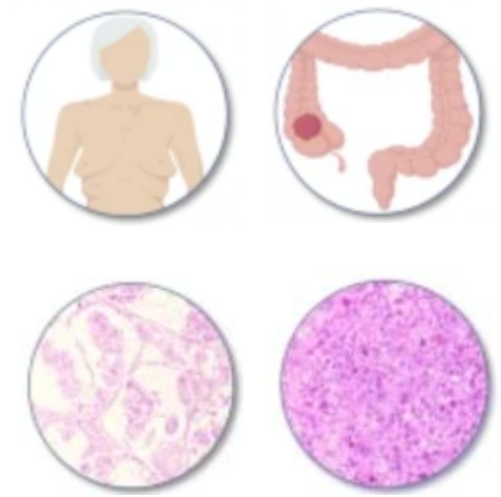
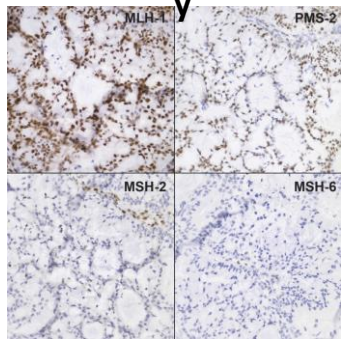
What about Microsatellite instability ?



Polymerase Chain Reaction



Immunohistochemistry



Colon cancer: clinical characteristics

Microsatellite instability: 1 in 4 patients <50



Proximal colon tumours



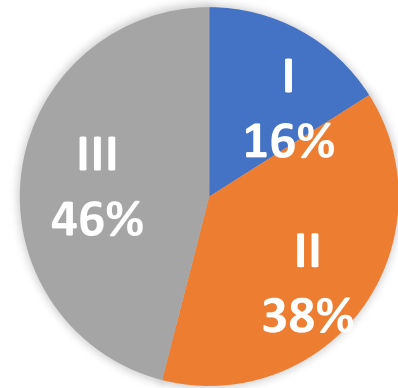
Family history



**Equally common in
males & females**

Pathology

MSI

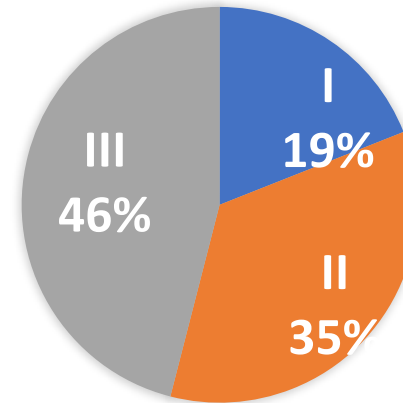


Poorly differentiated / signet ring
BRAF
KRAS

30%

Hereditary cancer syndrome

MSS



Extramural venous invasion
Lymphatic invasion

5%

Recurrence free survival at 5 years

	MSI	MSS
Stage I	95%	88%
Stage II	92%	88%
Stage III	80%	65%

Young < 50

Older > 50

Male : Female

Node positive

Tumour budding

Hereditary cancer syndrome

Family history

Proximal colon

**Signet ring
Poor
differentiation**

Good prognosis

Females

Node negative

Tumour budding X

**Hereditary cancer syndrome
X**

Rectal cancer: clinical characteristics

Microsatellite instability: 1 in 8 patients <50



Females accounted for the majority (58%)



Family history

cTNM

No difference in clinical stage

Rectal cancer: Pathology

Patients with MSI

Less nodal positivity (22% vs 41%)

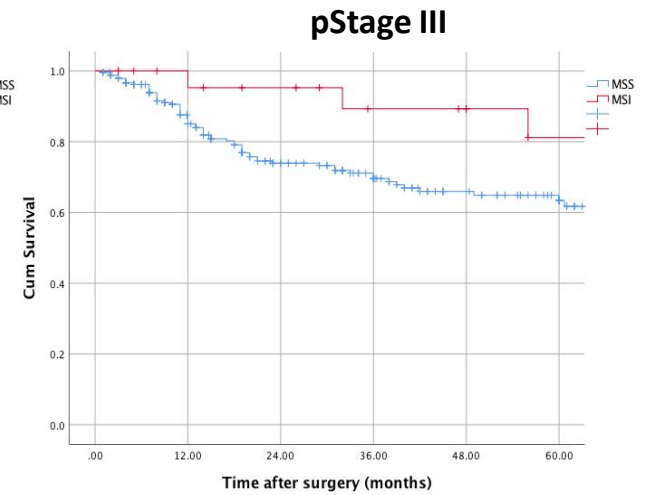
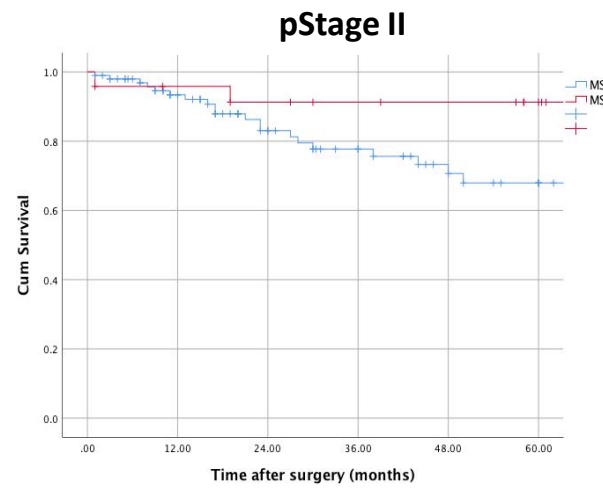
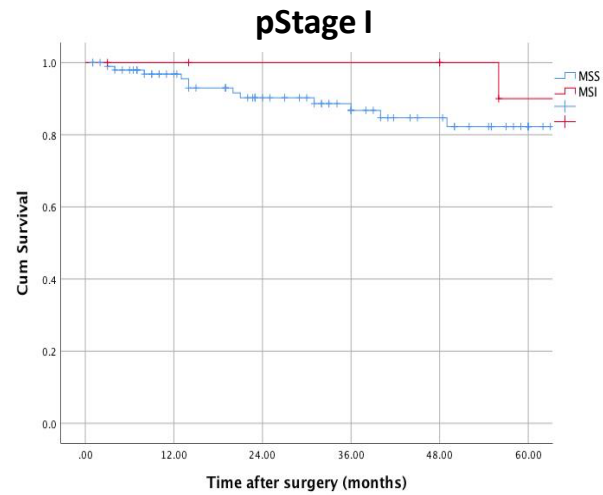
Hereditary cancer syndrome common (30% vs 3%)

pCR more likely (32% vs 15%)



Organ preservation
TNT ?

MSI: Better DFS



Next steps

Biological databanking

Define oncotherapeutic strategies: TNT, immunotherapy

Screening opportunities