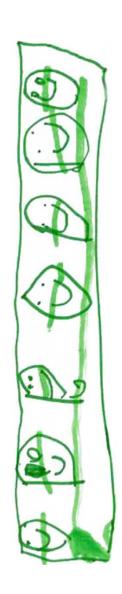


La ricerca nello screening del cancro del colon-retto: focus 2014

Lo studio CCANDY

Cristiano Spada

Digestive Endoscopy Unit Catholic University, Rome





1st International Colon Capsule Expert Meeting

Consensus Conference 17-18 February 2011 Tarquinia, Italy







Colon capsule endoscopy: European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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....specific studies based on <u>screening setting</u> are missing.
 CCE-screening may be cost-effective if it increases screening adherence compared to colonoscopy (EL 4, RG D).

CCEResults of comparative trials

				Polyps	≥6mm	Polyps ≥	10 mm
	# pts	Adeq cleansing	Excret rate	Sens	Spec	Sens	Spec
Eliakim Endoscopy 2009	98	78%	81%*	89%	76%	88%	89%
Spada GIE 2011	109	85%	81%*	84%	64%	88%	95%
Rex DDW 2013	884	80%	91%**	88%	82%	92%	95%
Hagel Can J Gastr 2014	24	90%	71%°	72%	91%	75%	100%

within 8(*), (**)10 hours post ingestion and (°) within battery life

CCE and screening

CCE in FIT+

• 62 FIT+ ---- 36 pts. with polyps/CRC

- NPV

90% (100% for ≥10 mm)

-PPV

89%

Post-CCE referral rate 29%

The ORCA/CCANDY trials new perspectives on screening

CCE ready for primetime in CRC screening?

The ORCA trial

new perspectives on screening uptake

Population colon cancer screening by Capsule endoscopy The ORCA trial

Objective

 To determine the uptake and diagnostic yield of primary population screening for CRC by means of CCE

Study design

- Primary population screening trial
- Asymptomatic volunteers 50 75 years
- Active invitation, call recall
- Invitation process until 1000 participants have been included
- Power calculation based on predetermined 95% CIs for uptake, and performance

Erasmus MC University Medical Center, Rotterdam, the Netherlands

The ORCA trial

new perspectives on screening uptake

- Intervention
 - CCE by means of PillCam Colon2 (Given Imaging Israel)
 - Colon cleansing by means of PEG (Moviprep) and sodium sulphate booster
 - Prior to CCE, an optional complementary FIT (OC-Sensor) will be offered
 - Referral for colonoscopy in case of positive CCE (1 polyp ≥6 mm, or ≥3 polyps of any size, or a positive FIT (≥50 ng/ml)
 - Validated questionnaire on expected and perceived burden, prior to and 1 wk after CCE

Erasmus MC University Medical Center, Rotterdam, the Netherlands

The ORCA trial

new perspectives on screening uptake

Primary endpoint

CCE adherence/uptake

Secondary endpoints

- Positivity rate
- Positive predictive value for detection of advanced adenoma, and cancer
- Correlation with FIT
- Burden
- Costs, cost-efficacy and long-term impact of CCE screening (lifeyears saved) determined by MISCAN modeling

Erasmus MC University Medical Center, Rotterdam, the Netherlands

The CCANDY trial new perspectives on screening

Colon Capsule for Adenoma and Neoplasia Diagnostic Yield

- Italian Multicenter Trial (n=400)
 - Roma
 - Torino
 - Milano
 - Reggio Emilia
 - Como

Comparative study (CCE2 vs OC)

Regimen of preparation

	Schedule	Intake		
Day -2	Bedtime	Senna, 4 tb (48mg)		
Day 1	All Day	Clear Liquid Diet		
Day -1	Evening (7-9 pm)	2 L PEG		
Exam Day	Morning (7-9 am)	2 L PEG		
	~10 am (~1h after last intake of PEG)	Capsule Ingestion*		
	1 st Boost after small bowel detection	40 ml NaP + 1 L water with Gastrografin*** (50 ml)		
	2 nd Boost ** 3 hrs after 1 st Boost	20 ml NaP + 0.5 L water with Gastrografin*** (25 ml)		
	Suppository ** 2 hrs after 2 nd Boost	10 mg Bisacodyl		

^{* 10} mg Metoclopramide tablet if capsule delayed in stomach >1 hr

^{**} Only if capsule not excreted yet

^{***} sodium-amidotrizoate and meglumine-amidotrizoate

The CCANDY trial new perspectives on screening

Colon Capsule for Adenoma and Neoplasia Diagnostic Yield

Primary aim:

sensitivity and specificity
PPV and NPV
for CRC/advanced adenomas (AA)

Population: FIT+ patients, attending in an organised screening programme

The CCANDY trial new perspectives on screening

Colon Capsule for Adenoma and Neoplasia Diagnostic Yield

Secondary aims:

- role of CCE as a primary screening /triage test to select subjects for OC+ polypectomy
- CCE sens and spec by location (distal vs prox) of AA/CRC
- per-polyp analysis
- the impact of the QUICK view reading.

Enrollment status

September 2014

Overall: 44 patients

- Rome: 15

- Turin: 11

– Como: 11

- Reggio Emilia: 7

Results

• 44 patients signed IC

•	Excretion rate	32/44	(73%)
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Adequate Cleansing level 39/44 (89%)

• 1 booster only 23/44 (52%)

Results Per Protocol

44 patients signed IC

- 9 patients excluded
 - 4 early recording discontinuation
 - 2 patients withdrew IC
 - 1 technical failure (CCE entered colon in sleeping mode)
 - 2 only gastric images
- 35 patients included in the analysis

Results

Per Protocol

 Excretion rate 	Excretion	n rate
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- Median colonic transit time
- Mean colonic transit time

Adequate Cleansing level

1 booster only

• 3 boosters

32/35

102 min (4-497)

 141 ± 127

34/35

19/35

5/35

(6%)

(91%)

(97%)

(54%)

Reggio Emilia 13-14 Novembre 2014

Colon Capsule Endoscopy



Pan-endoscopy in screening *FIT*+



