

# GRUPPO DI LAVORO SCREENING C.C.R.

WorkShop

*NOVITÀ PER UN “PERCORSO PREFERENZIALE”  
NELLE STRATEGIE DIAGNOSTICO-TERAPEUTICHE  
DEL CANCRO COLORETTALE*

Strategie di screening validate  
Modalità alternative: colon TC e videocapsula  
*R. Marmo*

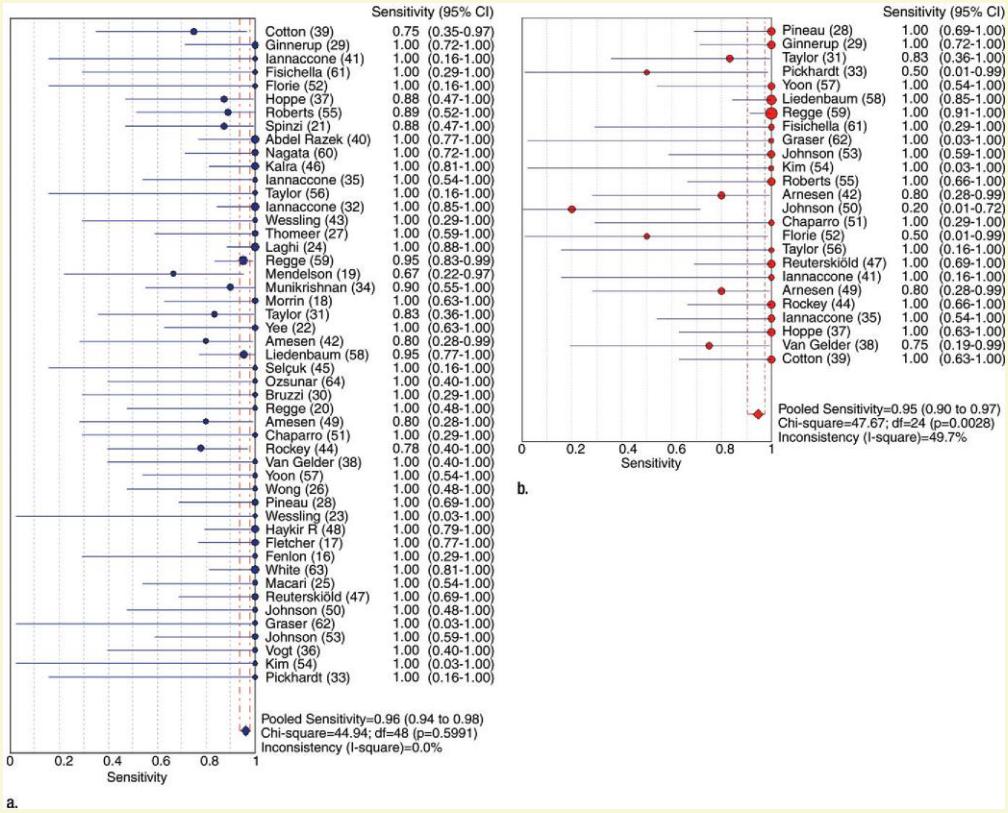
## Colorectal Cancer: CT Colonography and Colonoscopy for Detection—Systematic Review and Meta-Analysis

Perry J. Pickhardt, MD  
Cesare Hassan, MD  
Steve Halligan, MD  
Riccardo Marmo, MD

### Conclusion:

CT colonography is highly sensitive for colorectal cancer, especially when both cathartic and tagging agents are combined in the bowel preparation. Given the relatively low prevalence of colorectal cancer, primary CT colonography may be more suitable than OC for initial investigation of suspected colorectal cancer, assuming reasonable specificity.

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A 10-fold difference in cancer prevalence between  
asymptomatic screening              0.5% and  
symptomatic study populations 6%.

Given the relatively low prevalence of colorectal cancer, primary CT colonography may be more suitable than OC for initial investigation of suspected colorectal cancer, assuming reasonable specificity

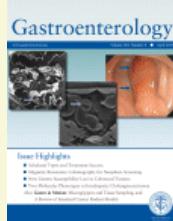
In general,  
despite an extensive literature investigating the  
performance  
of CT colonography, the test has limited impact on  
CRC screening compliance.

# CT colonography

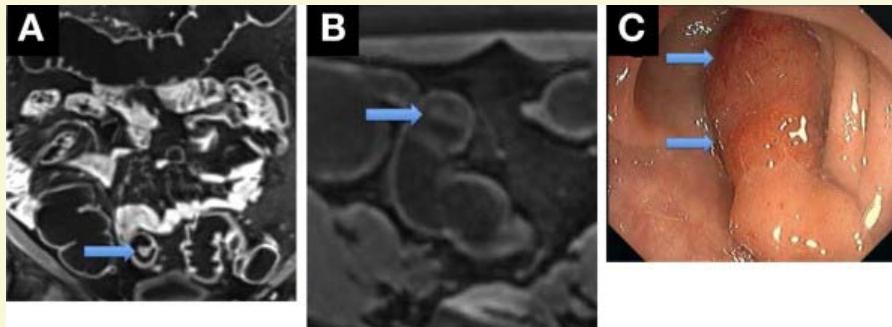
niche of patients who are concerned about the risks of colonoscopy.

We recommend that patients with polyps 6 mm in size at CT colonography undergo colonoscopy.

# Magnetic Resonance Colonography for the Detection of Colorectal Neoplasia in Asymptomatic Adults



ANNO GRASER, ANJA MELZER, EVELYN LINDNER, DOROTHEA NAGEL, KARIN HERRMANN, PETRA STIEBER, JÖRG SCHIRRA, ULRICH ANSMANN, MAXIMILIAN F. REISER, BURKHARD GÖKE,  
and FRANK T. KOLLIGS



# Sensitivity of Colonoscopy and MR Colonography for Adenomas and Advanced Neoplasia

133 pts

	<b>Colonoscopy</b>	<b>MR colonography</b>
Any size		
Adenoma	98.5%; (94.7–99.8)	32.3%; (24.5–41.0)
Advanced adenoma	100.0; (83.2–100.0)	75.0%; (50.9–91.3)
Advanced neoplasia	100.0; (83.9–100.0)	76.2%; (52.8–91.8)

# Sensitivity of Colonoscopy and MR Colonography

for Adenomas and Advanced Neoplasia

133 pts

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Any size

**Colonoscopy**

**MR  
colonography**

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Adenoma detection  
rate

29.4%

13.3%

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



C. Spada, C. Hassan, J. P. Galmiche, H. Neuhaus, J. M. Dumonceau, S. Adler, O. Epstein, G. Gay, M. Pennazio, K. Rex, R. Benamouzig, R. de Franchis<sup>1</sup>, M. Delvaux, J. Devière, R. Eliakim, C. Fraser, F. Hagemuller, J. M. Herreras, M. Keuchel, F. Macrae, M. Muñoz-Navas, T. Ponchon<sup>2</sup>, E. Quintero, M. E. Riccioni, Rondonotti  
R. Marmo, J. J. Sung, H. Tajiri, E. Toth, K. Triantafyllou, A. Van Gossum, G. Costamagna

There is a lack of specific studies based in the setting of screening.

CCE screening may be cost-effective if it increases screening uptake compared with colonoscopy (Evidence level 4, Recommendation grade D)

# Clinical Practice Guidelines for the Use of Video Capsule Endoscopy



Robert A. Enns, Lawrence Hookey, David Armstrong, Charles N. Bernstein, Steven J. Heitman, Christopher Teshima, Grigoris I. Leontiadis, Frances Tse, Daniel Sadowski

We recommend against the routine substitution of colon CE for colonoscopy.

# Colon Capsule to Screen for Colorectal Neoplasia in Subjects with a Family History of Colorectal Cancer,



Andrea Parodi, Geoffroy Vanbervliet, Cesare Hassan, Xavier Hebuterne, Antonella De Ceglie,  
Rosa Angela Filiberti, Cristiano Spada, Massimo Conio,

Gastrointestinal Endoscopy, Available online 26 May 2017, ISSN 0016-5107,

# Colon Capsule to Screen for Colorectal Neoplasia in Subjects with a Family History of Colorectal Cancer,



177 FDRs

CCE identified 51 of 56 FDRs with polyps  $\geq 6$  mm

Sensitivity 91%

correctly as negative 107 of 121 without lesions  $\geq 6$  mm

Specificity 88%;

CCE detected 24 of 27 patients with polyps  $\geq 10$  mm

Sensitivity 89%

Specificity 95%

Post-CCE referral rates to colonoscopy were 37% and 18%, respectively.

Gastrointestinal Endoscopy, Available online 26 May 2017, ISSN 0016-5107,

# Colon Capsule to Screen for Colorectal Neoplasia in Subjects with a Family History of Colorectal Cancer,



Andrea Parodi, Geoffroy Vanbervliet, Cesare Hassan, Xavier Hebuterne, Antonella De Ceglie,  
Rosa Angela Filiberti, Cristiano Spada, Massimo Conio,

CCE is an accurate method to screen FDRs of CRC patients and could be offered as an alternative to those who decline or are unfit for colonoscopy screening.

Gastrointestinal Endoscopy, Available online 26 May 2017, ISSN 0016-5107,

# Detection of up to 65% of Precancerous Lesions of the Human Colon and Rectum by Mutation Analysis of *APC*, *K-Ras*, *B-Raf* and *CTNNB1*

Mandy Schneider <sup>1,†</sup>, Bettina Scholtka <sup>1,†,\*</sup>, Uwe Gottschalk <sup>2</sup>, Siegbert Faiss <sup>3</sup>, Daniela Schatz <sup>4</sup>,  
Kornelia Berghof-Jäger <sup>4</sup> and Pablo Steinberg <sup>1,5,\*</sup>

Prospective pilot study on precancerous human colonic lesions, gene mutations

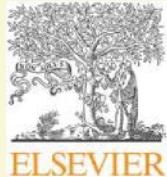
20 serrated lesions,

41 colorectal adenomas and

10 controls

# Detection of precancerous lesions

Tissue type	APC	K-Ras	B-Raf	CTNNB1	Total detection rate
Inflammation	0/10	0/10	0/10	0/10	0/10
Serrated	2/20 (10%)	4/20 (20%)	10/20 (50%)	0/20 (0)	13/20 (65%)
Adenoma	14/41 (34%)	6/41 (15%)	9/41 (22%)	5/41 (12%)	25/61 (61%)



Contents lists available at ScienceDirect

# Cancer Epidemiology

The International Journal of Cancer Epidemiology, Detection, and Prevention

journal homepage: [www.elsevier.com/locate/canep](http://www.elsevier.com/locate/canep)



“A gene marker panel covering the signaling pathways

allows to detect gene mutations

in 80% of early and > 90% of late stage CRC”

## Caratteristiche del ColoScape

- Individuazione altamente sensibile delle forme mutate.
- Individuazione di lesioni in tutto il colon-retto.
- Sensibilità per adenomi avanzati.
- Testabile su plasma e tessuto.

# Conclusions

CT (MR) in patients who refuse colonoscopy and FIT.

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Capsule colonoscopy (if available) when patients decline : colonoscopy, FIT, CT (MR) colonography, and flexible sigmoidoscopy

Mutation Analysis for CRC screening must be proved

## **Caratteristiche del ColoScape**

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# Conclusions

CT in patients who refuse colonoscopy and FIT.

# Individuazione di lesioni precancerose

- Almeno un gene era positivo in 65% delle lesioni serrate e 61% degli adenomi.

## Specificity & Sensitivity from Internal Study

	N	Specificity	Sensitivity
Cancer (Stages I-IV)	35	N/A	100%
Non-Malignant	22	95%	N/A
<b>Overall (Exclude Pre-Cancer)</b>	<b>57</b>	<b>95%</b>	<b>100%</b>
<b>Overall (Include Pre-Cancer)</b>	<b>67</b>	<b>95%</b>	<b>91%</b>

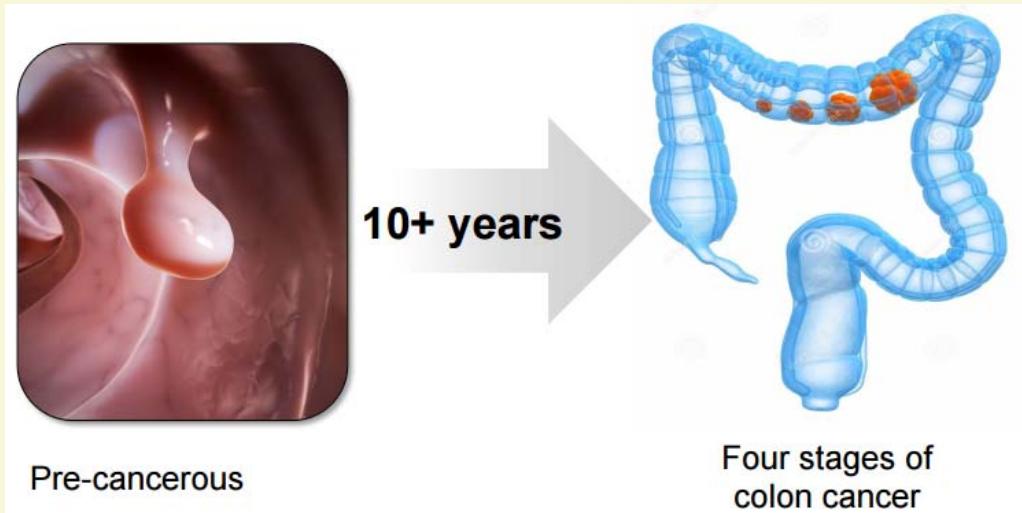
Pre-cancer detection sensitivity is 60% (6 out of 10 samples)

# Il cancro colorettale In Italia

- Seconda neoplasia per letalita' ( dati AIRTUM 2016 )

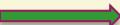


## Overview of Colorectal Cancer (Cont')



- Pre-cancer (adenoma) progresses to cancer slowly

# Vie molecolari al cancro colorettale (CCR)

1. Sequenza ADENOMA inattivazione bi-allelica del gene APC seguite da mutazioni oncogeniche a carico del K-Ras ,  inattivazione della Tp53  
anche mutazioni del gene CTNNB1 , sebbene con una minore frequenza.

# Vie molecolari al cancro colorettale (CCR)

1. Sequenza ADENOMA inattivazione bi-allelica del gene APC seguite da mutazioni oncogeniche a carico del K-Ras ,  inattivazione della Tp53 anche mutazioni del gene CTNNB1 , sebbene con una minore frequenza.
2. SERRATED PATHWAY: caratterizzata da mutazioni “missense” del gene B-Raf, metilazione diffusa ed instabilità microsatellitare..
3. FUSION PATHWAY (Jass et al.) : combina entrambe le vie : metilazione del gene di riparazione del DNA + mutazioni K-Ras + inattivazione Tp53 . B-Raf e K-ras si escludono a vicenda.

## Sintesi delle vie molecolari al CCR

- Mutazioni possono essere individuate in tutti gli stadi della malattia (preneoplastico, neoplastico e metastatico)
- Mutazioni dei geni KRAS ed APC si trovano nella quasi totalita' dei CCR..
- La definizione di uno stato wild-type del KRAS e' ora un marker di risposta a certe terapie.
- Alcune mutazioni sembrano anticipare recidive organo-specifiche.
- Il gene BRAF si usa comunemente per la stratificazione prognostica.

# ColoScape – Strategia di selezione dei geni

APC, CTNNB1 , B-RAF e K-RAS.

Sono coinvolti in tutte le pathways APC si trova in circa 60% ed KRAS ~ 40% dei CCR. BRAF si trova comunemente nelle lesioni serrate . La B-catenina e' un prodotto dell'espressione del gene CTNNB1 e si trova in ~ 50% dei CCR con instabilita' microsatellitare..

Facendo uso di questo panel genico si e' evidenziato che > 80% dei CCR (I-IV) e > 60% degli AA portavano ALMENO una forma mutata di uno dei 4 geni..

Gli studi sono stati condotti su TESSUTO da Bettina Scholtka e colleghi all' Universita' di Postdam (Germania) e confermati da studi di validazione interna anche su sangue e feci. ColoScape e' approvato CE-IVD per l'individuazione di mutazioni associate al CCR .

Sono ora necessari studi prospettici di validazione su plasma per possibili applicazioni nel triage pre- e post-colonoscopico nonche' nello screening.

# Detection of precancerous lesions

	Inflamed mucosa N	Inflamed mucosa %	Serrated lesions N	Serrated lesions %	Adenoma N	Adenoma %
LOCATION	10	14.1	20	28.2	41	57.7
Proximal colon	1	10	8	40	21	51.2
Distal colon	4	40	6	30	13	31.7
Rectum	4	40	4	20	3	7.3
Unknown	1	10	2	10	4	9.8
DYSPLASIA						
LGD					36	87.8
HGD					3	7.3
Unknown					2	4.9
HISTOLOGIC TYPING						
Tubular adenoma					35	85.4
Tubulovillous adenoma					4	9.8
Unknown					2	4.9