

INCREASED SCREENING CUT-OFF LEVELS AND IMPACT OF A PLASMA PROTEIN ALGORITHM..???

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CONFLICTS OF INTERESTS

- **Abbott Laboratories Inc., Chicago, USA**
- **Applied Proteomics Inc., San Diego, USA**
- **EDP Biotech Inc., Knoxville, USA**
- **VolitionRX, Isnes, Belgium**



CRC SCREENING IN DENMARK

- **out-reach FIT test**
- **results 01.04.2014 – 31.12.2015 (31.12.2016)**
- **invited 886,122 – (50-74 years of age)**
- **compliance 63.6%**
- **6.8% FIT positives**
- **89% accepted colonoscopy (CT-/MR colonography)**
- **2,041 CRC**
- **10,566 HRA / MRA (new European classification)**



FIT SCREENING IN DENMARK

- additional colonoscopies due to screening
- **cut-off: 100 ng/ml (OC-sensor)**
- **1st round: 4 years – 2014 – 2017 (implementation)**
- **18,000 colonoscopies/year**
- **2nd round: 2 years – from January 2018**
- **34,500 colonoscopies/year**
- plus re-colonoscopies – HRA (1y) and MRA (3ys)
- sufficient capacity...???



REDUCTION OF COLONOSCOPIES ?

- **The Netherlands** 250 ng/ml
- **Sweden** 200 ng/ml – women
- **Sweden** 400 ng/ml – men
- **Scotland** 400 ng/ml
- **Valencia, Spain** 300 ng/ml



REDUCTION OF COLONOSCOPIES ?

- The Netherlands 250 ng/ml
- Sweden 200 ng/ml – women
- Sweden 400 ng/ml – men
- Scotland 400 ng/ml
- Valencia, Spain 300 ng/ml
- miss a lot of CRC + HRA + MRA



REDUCTION OF COLONOSCOPIES ?

- The Netherlands 250 ng/ml
- Sweden 200 ng/ml – women
- Sweden 400 ng/ml – men
- Scotland 400 ng/ml
- Valencia, Spain 300 ng/ml
- other options...??



ENDOSCOPY III, PART 1

- 01.04.14 – 31.08.16 (29 months)
- 8,415 FIT positive + colonoscopy
- 5,118 FIT negative – colonoscopy
- 8 Danish hospitals
- 16 research nurses
- 90 mls of blood
- 24 vials of serum, EDTA plasma, buffy-coats
- data from colonoscopy of every FIT+



ENDO III, PART 1 - BIOMARKERS

- **proteins**
- **glycosylated proteins**
- **proteomics**
- **ctDNA: mutations – methylations**
- **nucleosomes, histone modifications**
- **metabolomics**
- **immune components – complement activity**
- **coagulation factors**



ENDOSCOPY III, PART 1

- 8,415 FIT positives + colonoscopy
 - $100 \leq \text{FIT} \leq 200$ ng/ml
 - 2,629 subjects – no colonoscopy (32.4%)
 - 1,481 no findings



ENDOSCOPY III, PART 1

- 8,116 FIT positives + colonoscopy
 - $100 \leq \text{FIT} \leq 200$ ng/ml
 - 2,629 subjects – no colonoscopy (32.4%)
 - 1,481 no findings
 - 47 CRC
 - 201 HRA
 - 375 MRA
 - 525 LRA (new screening in 8 years)



ENDOSCOPY III, PART 1

- 8,116 FIT positives + colonoscopy
 - $100 \leq \text{FIT} \leq 200$ ng/ml
 - 2,629 subjects – no colonoscopy (32.4%)
 - 1,481 no findings

Considerations...!!

Triage test...??

- 525 LRA (new screening in 8 years)



TRIAGE – HOW COME..??

1. risk of lesions correlates with age
2. risk of lesions correlates with FIT blood conc.
3. risk of lesions associated with blood biomarkers
4. Triage test: $1 + 2 + 3 = +/-$ colonoscopy

Phallen J, et al. Science Transl Med 2017

Wilhelmsen M, et al. Int J Cancer 2017

Lee YC, et al. JNCI 2017

Rho JH, et al. Gut 2016

Torre LA, et al. CA Cancer J Clin 2015



TRIAGE – HOW COME..??

1. risk of lesions correlates with age
2. risk of lesions correlates with FIT blood conc.
3. risk of lesions associated with blood biomarkers
4. Triage test: 1 + 2 + 3 = +/- colonoscopy
protein profiles, ctDNA, nucleosomes, metabolomes

Phallen J, et al. Science Transl Med 2017

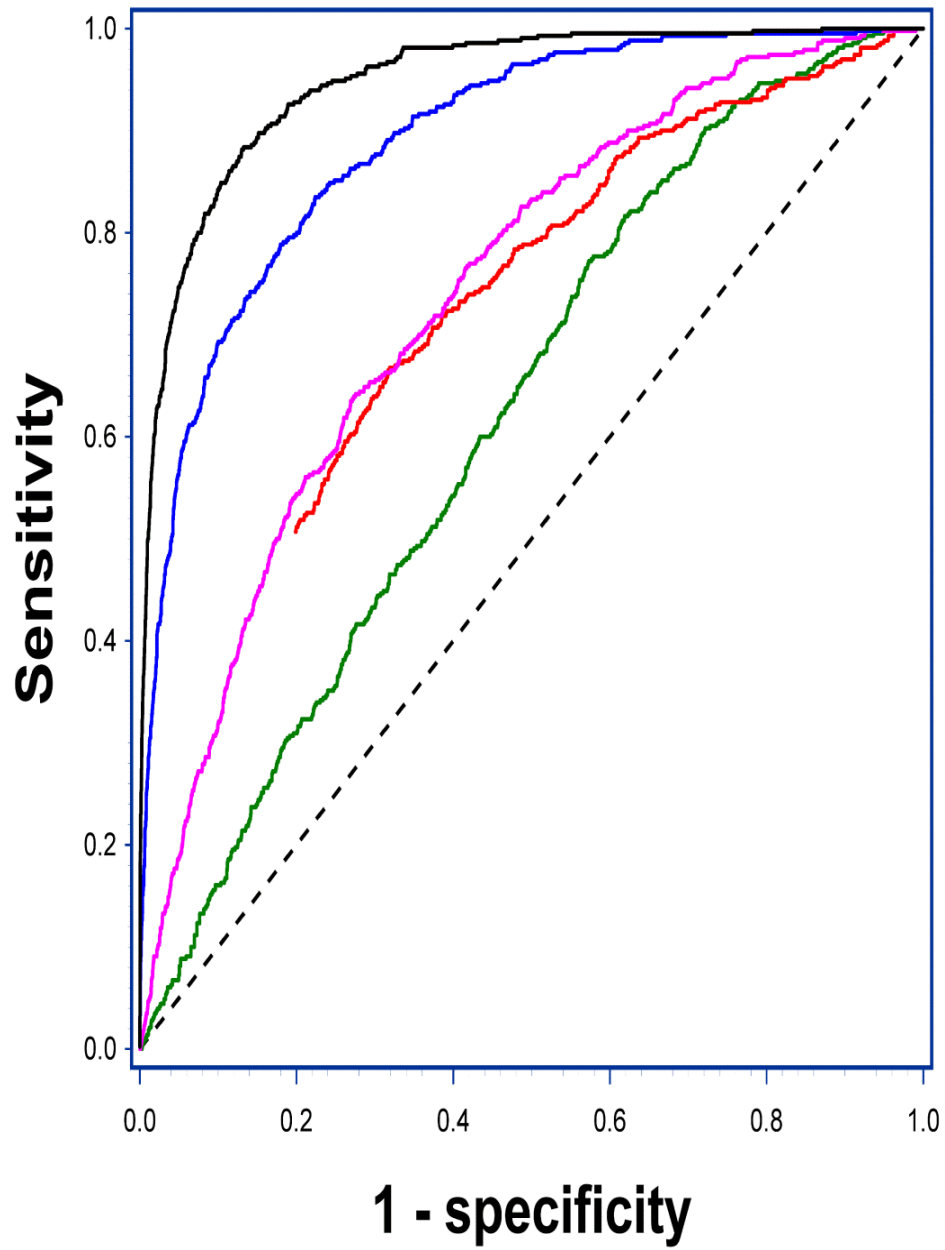
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TRIAGE – IN GENERAL

why triage...??

requirements for colonoscopy > capacity

1. screening directed colonoscopy
2. adenoma control colonoscopy
3. diagnostic colonoscopy



TRIAGE – IN GENERAL

why triage...??

requirements for colonoscopy > capacity

1. screening directed colonoscopy **≈40% lesions**
2. adenoma control colonoscopy **<20% lesions**
3. diagnostic colonoscopy **≈30% lesions**



TRIAGE – IN GENERAL

1. Triage protocol - 750 FIT+ subjects - ongoing
2. Endoscopy IV - 5,000 adenoma control colonoscopy
3. Endoscopy V - 5,000 diagnostic colonoscopy

Overall aim: to reduce numbers of colonoscopies 30%

- benefit for the colonoscopy capacity
- benefit for the health budgets
- **in particular, benefit for those who don't need colonoscopy**



COLLABORATORS

- Amager, BBH, Herlev, Herning, Hillerød, Holstebro, Horsens, Hvidovre, Randers, Silkeborg, Viborg
- Screening sekretariats: Rønne (Capital Region) og Randers (Central Jutland Region)
- University of Copenhagen, Frederiksberg (Bro)
- University of Aarhus, Skejby Hospital – MoMA (Andersen)
- Herlev Hospital, Capital Region (Johansen)

- University of Ljubljana (Kos)
- VUMC, Amsterdam (Martens)
- University College London (Beck)

- MD Anderson Cancer Center, Houston, TX (Bresalier)
- University of North Carolina, Chapel Hill, NC (Ransohoff)
- EDRN - National Cancer Institute, Bethesda, MD (Lampe, Bresalier)
- Johns Hopkins Sidney Kimmel Medical School, Baltimore, MD (Velculescu)
- University of Pittsburgh, Pittsburgh, PA (Schoen)
- Fred Hutchinson Cancer Research Center, Seattle, WA (Lampe)

- Prince of Wales and St. George Hospitals, Sydney, Australia (King)

- Abbott Laboratories Inc., Chicago (Davis, Gawel)
- Applied Proteomics Inc., San Diego (Wilcox)
- ATGen Canada, Quebec (Benito)*
- EDP Biotech Inc., Knoxville (Mayer)
- Volition, Belgium (Micallef, Michel)

