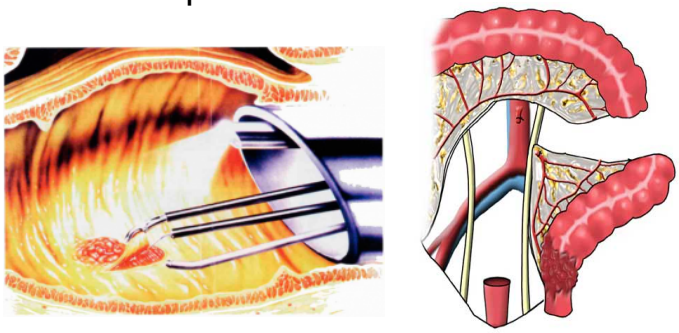
Colorectal Therapies
Healthcare Technology Co-operative

NHS
National Institute for Health Research

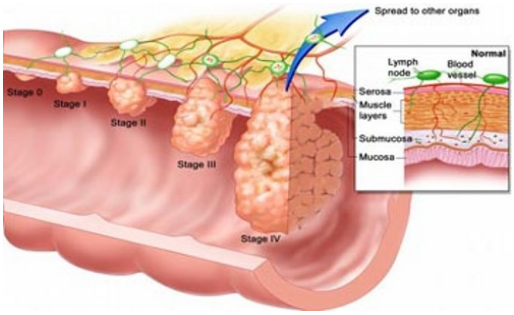
Stratification of colorectal cancer

Large and overlapping treatment groups for colorectal cancer.
But several subgroups exist for which personalised treatment is available if patients can be accurately identified. For example:

Over-treating early colorectal cancer: Radical resection carries three to five percent mortality and risk of permanent stoma, but is indicated even for patients with early disease to capture the 8 to 23 percent with involved lymph nodes.



Transanal local excision of early rectal cancer versus radical resection

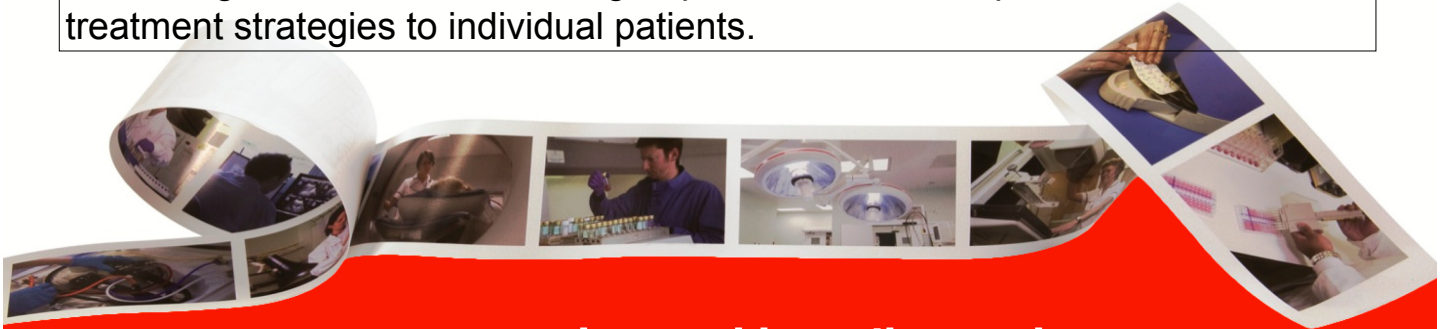


Under-treating Stage II colorectal cancer: Majority deemed to be 'node-negative' and have curative resection without chemotherapy – but 25 to 30 percent will develop distant metastases.

Pre-operative radiotherapy for Stage III rectal cancer: Not possible to separate which patients will benefit most from short course radiotherapy or from long course chemo-radiotherapy.

Current practice: Standard staging system creates broad treatment groups. Molecular and metabolic differences in tumours can only be detected with time consuming and expensive techniques.

Unmet Clinical Need: Stratification of colorectal cancer patients and tumours into biological and metabolic subgroups in order to offer personalised treatment strategies to individual patients.



www.colorectal.htc.nihr.ac.uk