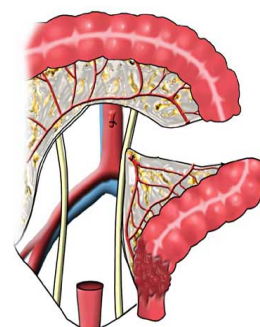
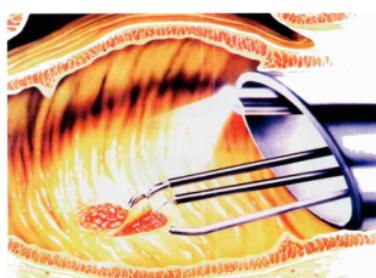


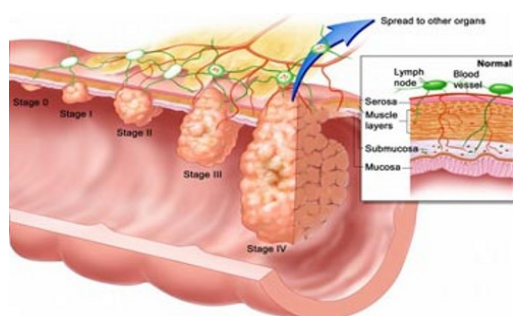
Stratification of colorectal cancer

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.

