

# Molecular stool testing as an alternative for colonoscopy surveillance (MOCCAS)



Beatriz Carvalho, PhD

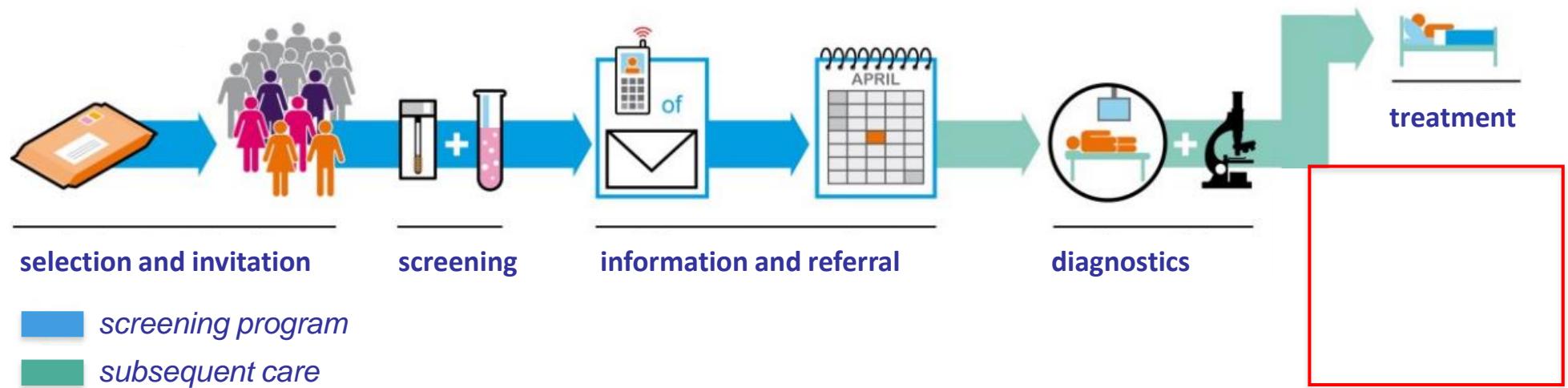
Translational Gastrointestinal Oncology (TGO)

Department of Pathology, Netherlands Cancer Institute, Amsterdam,  
the Netherlands



# Screening for colorectal cancer

Goal: to reduce mortality and suffering from colorectal cancer



## Current surveillance strategy

Colonoscopy



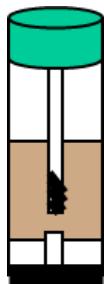
3 or 5 years

- overdiagnosis and overtreatment
- overuse of colonoscopy capacity
- high costs
- high patient burden

**Is there an alternative strategy?**

**MOLECULAR SURVEILLANCE**

# Multitarget stool DNA test



- human hemoglobin



- mutant KRAS
- hypermethylated BMP3 and NDRG4
- $\beta$ -actin



 **cologuard**<sup>®</sup>

 **exact  
sciences**

Madison, WI, USA

# MOlecular stool testing for Colorectal Cancer Surveillance (MOCCAS)

## Current surveillance strategy



## Possible future surveillance strategy



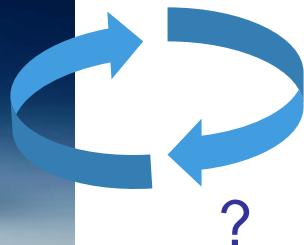
+ test



# MOlecular stool testing for Colorectal Cancer Surveillance (MOCCAS)

Can molecular stool tests provide an alternative  
strategy for  
colonoscopy surveillance?

## Possible future surveillance strategy



→  
+ test



# MOCCAS

## Primary endpoints

- Accuracy of molecular tests
  - Cologuard®
  - FIT OC Sensor (Eiken, Chemical, Tokyo, Japan)
  - FOB Gold (Sentinel, Milan, Italy)
- Decision model for a molecular surveillance strategy

## Secondary endpoints

- Presence of progression markers on resected polyps
- Presence of diagnostics Cologuard® markers on resected polyps

# MOCCAS

## Study population

### Inclusion

- Age 50-75
- Indication for surveillance colonoscopy (history of polypectomy, CRC or familial colon cancer)

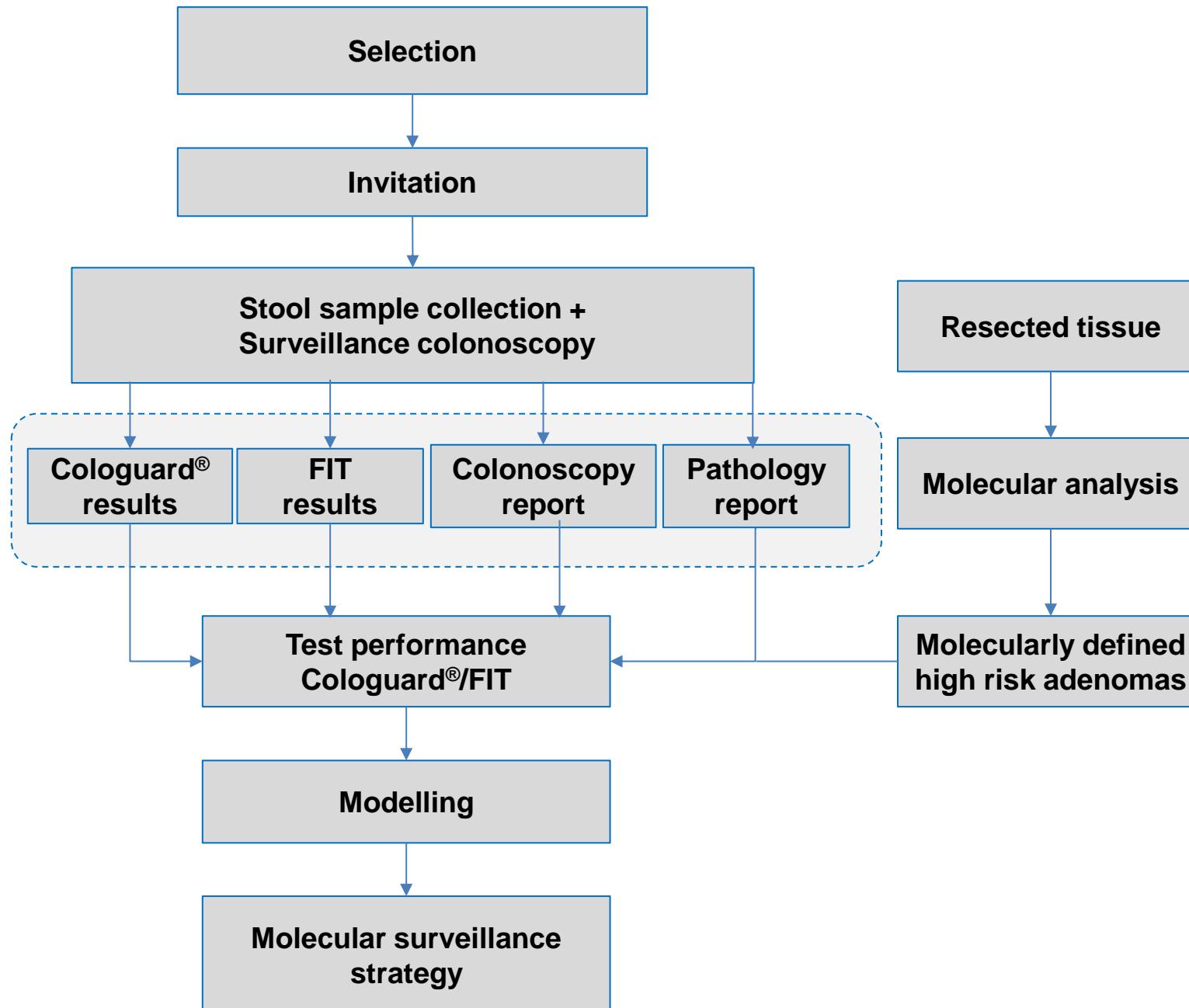
### Exclusion

- Inflammatory bowel disease (IBD)
- Hereditary colon cancer
- Total proctocolectomy
- Colonoscopy in previous 6 months

## Sample size

- 4000 individuals

# Study flow



# Sample collection



< 72 hours



STUDY PROTOCOL

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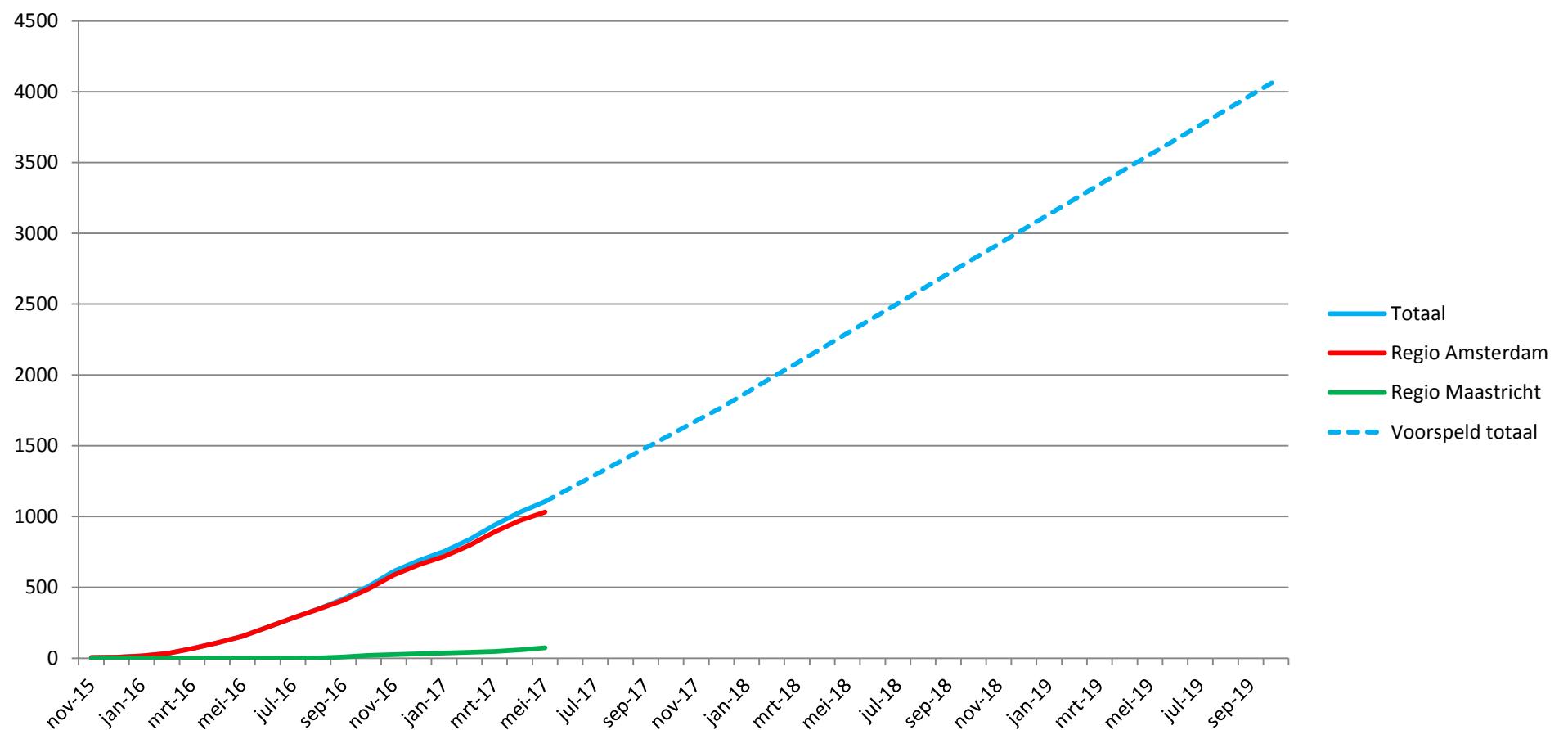
# Molecular stool testing as an alternative for surveillance colonoscopy: a cross-sectional cohort study

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# Status update – Total inclusions

## Roll-out

- start date: 1<sup>st</sup> November 2015
- participating centers: 12
- participants included: 1141



# Acknowledgements



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# ...and of course



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**and all participants**

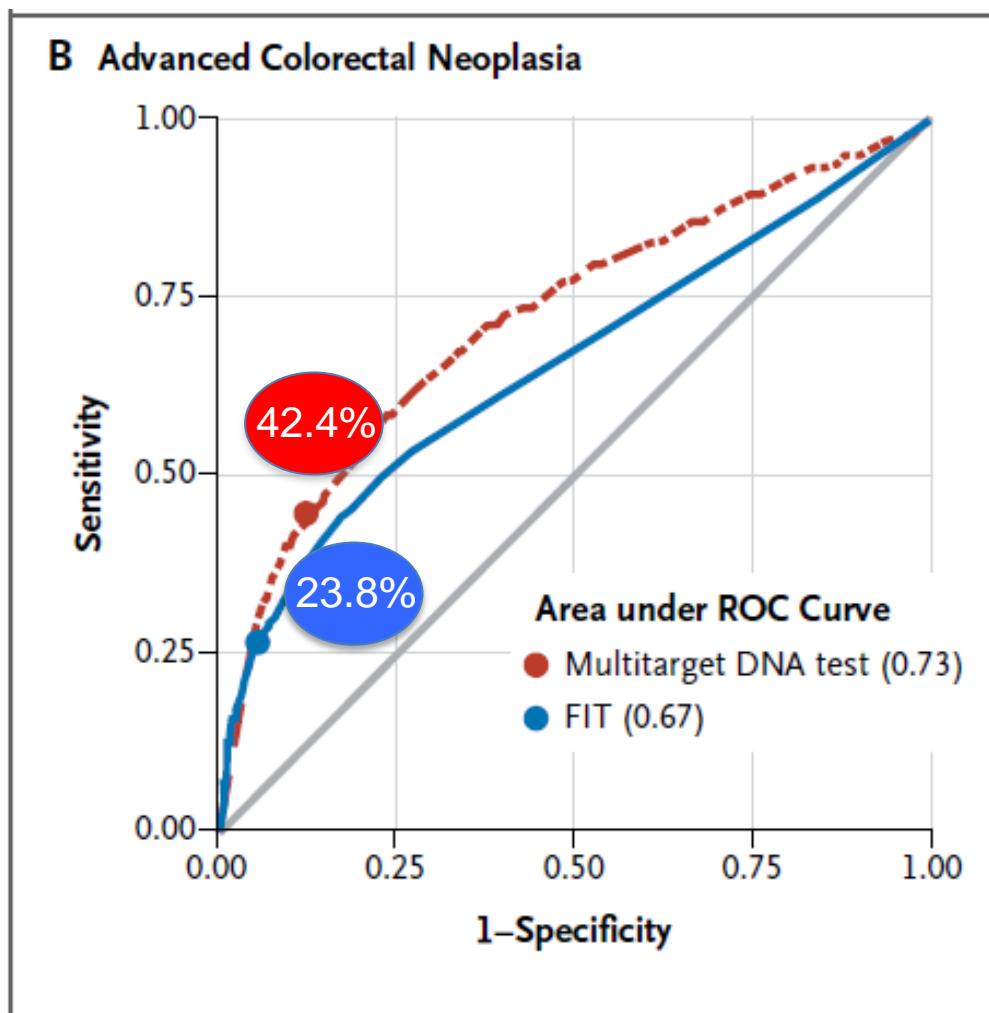




# MOCCAS – per lesion analysis

- Number of lesions detected in these 177 individuals = 401
  - 3 (0.7%) carcinomas
  - 190 (47%) adenomas
    - 22 (5.5%) advanced adenomas ( $\geq 10\text{mm}$ , TV/V histology, HGD)
  - 126 serrated lesions
    - 14 (3.5%) advanced serrated lesions ( $\geq 10\text{mm}$ , dysplasia)
  - 82 (20%) other (no PA, inflammatory polyp, not evaluable, other lesion)

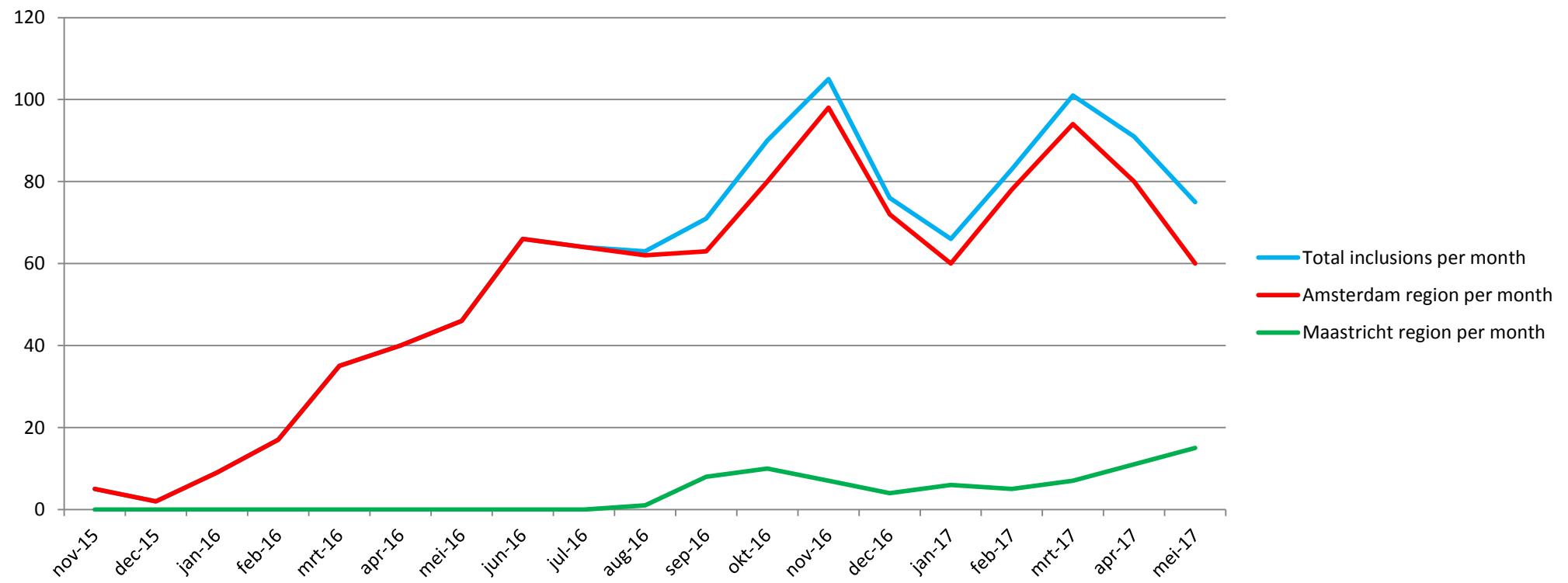
# Multitarget stool DNA test



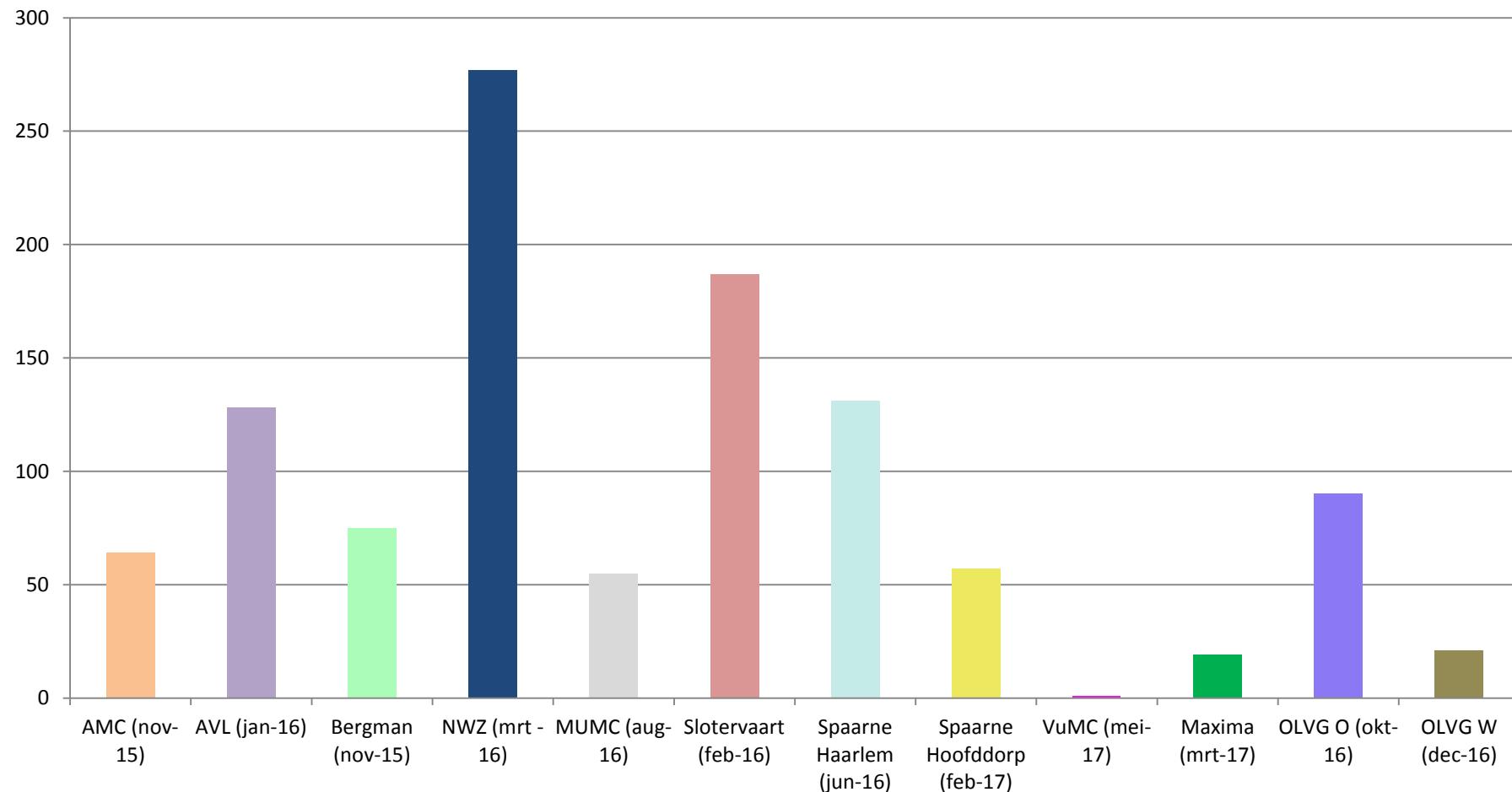
- Higher sensitivity
  - CRC
  - advanced lesions
- Lower specificity

**Test characteristics suitable  
for surveillance**

# Status update – Inclusions per month



# Status update – Inclusions per center



# Status update – FIT FOB Gold

Participants included n = 1141

- Not performed n=10
  - FIT OC Sensor measured n = 1096
- Amsterdam n=1022
- Maastricht n=74
- Prozone effect n = 0
  - Remeasurement needed n = 2