



FIGHT COLORECTAL CANCER™

THINK TANK WORKSHOP SERIES: PART III

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Background:

Accelerating Progress in Global Early Onset Colorectal Cancer (EOCRC) Research: Key Strategies for Immediate Impact was hosted with Fight Colorectal Cancer (Fight CRC) in collaboration with researchers, clinicians and the advocacy community on Tuesday, June 25. The intent of our EOCRC meetings is to capitalize on timely and innovative approaches within our grasp to decrease incidence and mortality of CRC in young people. The virtual convening was hosted to build off the previous Fight Colorectal Cancer EOCRC meetings in 2023 and 2024, in specific partnership with Dr. José Perea of Spain.

Meeting Agenda:

Agenda Highlights

- » Welcome with Anjee Davis, MPPA; President of Fight Colorectal Cancer
- » Review of Work to Date with Andrea Dwyer, BS; Advisor to Fight Colorectal Cancer, University of Colorado Cancer Center
- » Role of Research Advocacy with Phuong Gallagher, Fight CRC Research Advocacy
- » Red Flags Signs & Symptoms of EOCRC with Jennifer Kolb, MD, MS; University of California Los Angeles Health and Joshua Demb, PhD, MPH; University of California San Diego
- » Approaches to Sign & Symptom Management with Kevin Monahan, FRCP, PhD; St. Mark's Hospital and Academic Institute, United Kingdom and Sonia Kupfer, MD; University of Chicago

Interactive Breakout Sessions

- » How much and what type of evidence do we need to start or stop an action?
- » Weighing benefits and harms of interventions
- » Evaluating resource trade-offs and opportunity costs
- » Balancing individual rights and societal needs

CONCLUSION: The Road to Barcelona and Next Steps with José Perea, MD, PhD, MSc; Institute of Biomedical Research of Salamanca and Andrea Dwyer, BS; Advisor to Fight Colorectal Cancer, University of Colorado Cancer Center

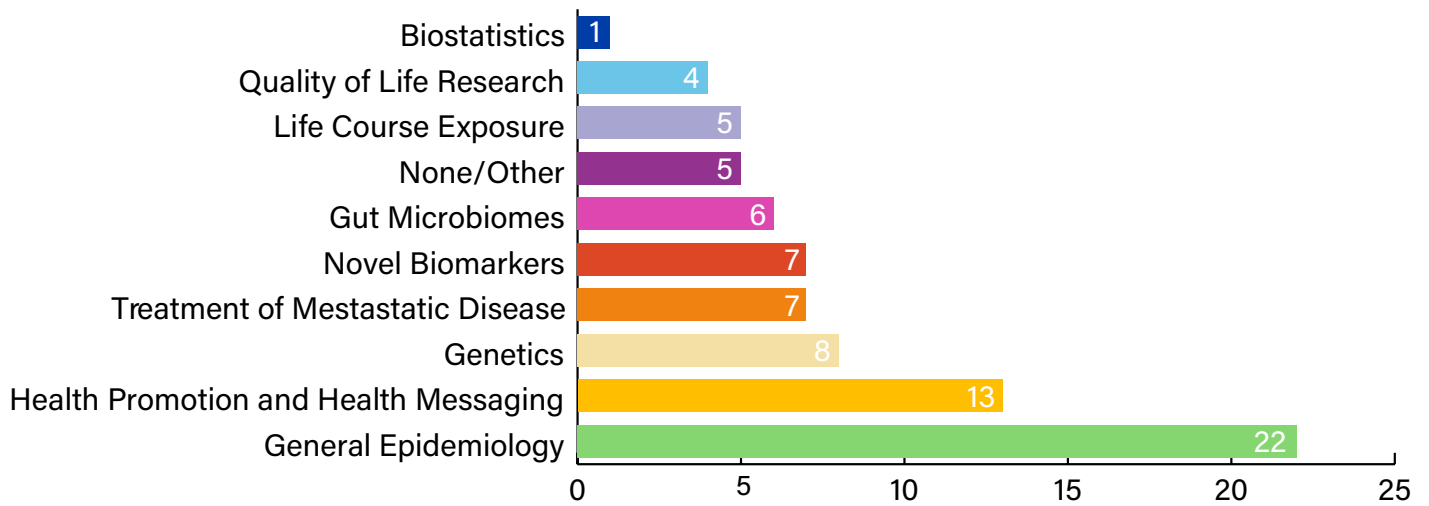
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Attendees Demographics:

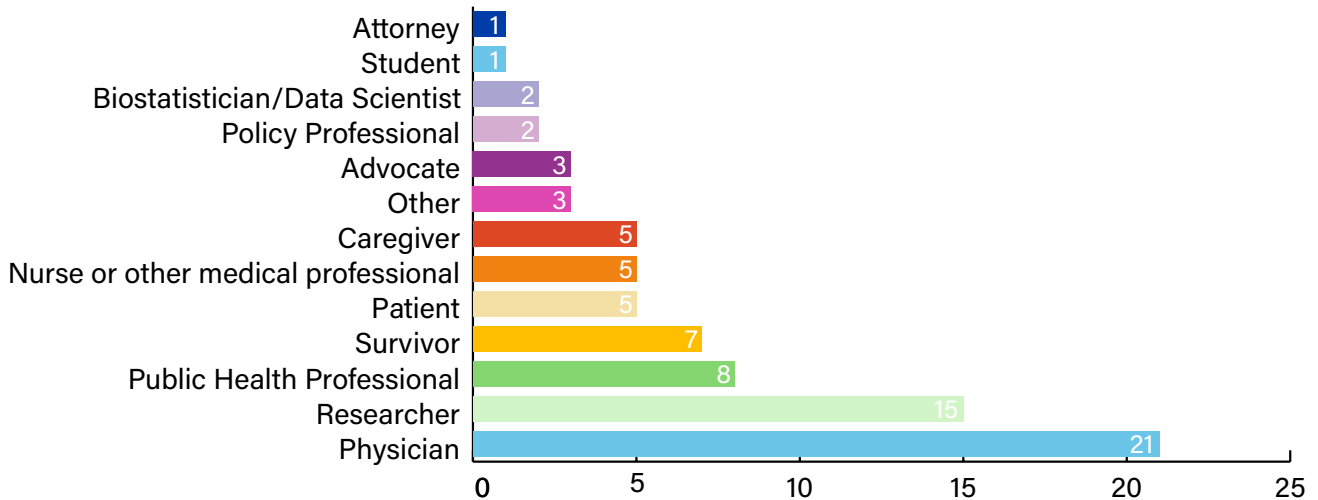
78 TOTAL REGISTRANTS

Meeting attendees included a variety of professionals spanning seven countries in four continents.

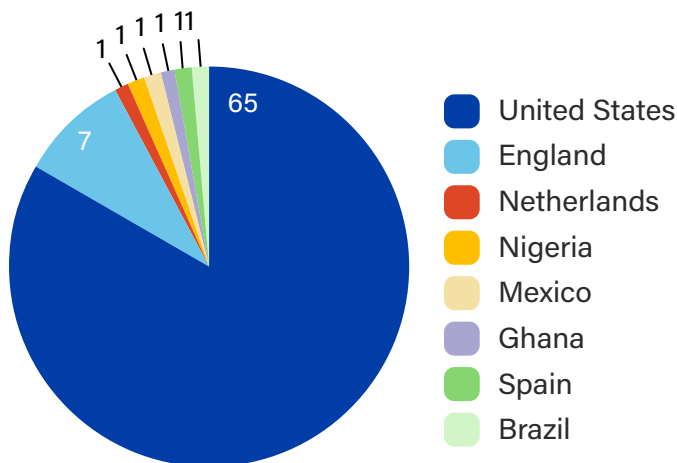
Number of Registrants by Interest



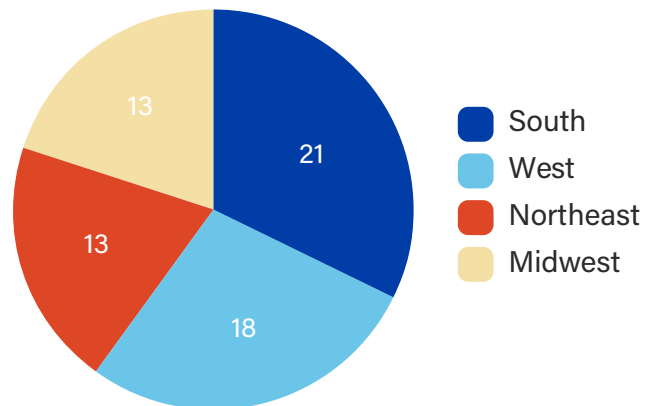
Number of Registrants by Profession



Number of Registrants by Country



Number of U.S. Registrants by Census Region



Meeting Content and Primary Outcomes:



HOW ARE RED-FLAG SIGNS AND SYMPTOMS OF EOCRC IDENTIFIED AND ADDRESSED: A FRAMEWORK FOR CONSIDERATION

The focus of the discussion was addressing red signs and symptoms of EOCRC. Drs. Kolb and Demb opened the meeting with the findings from their study in collaboration with Fight CRC partners that explored: In patients with EOCRC, what are the most common presenting signs and symptoms and their association with EOCRC risk? This included an examination of the time from symptom presentation to diagnosis and a proposed framework for management.

Findings

In their systematic review and meta-analysis of 81 studies and more than 24.9 million patients, **nearly half of individuals with EOCRC presented with hematochezia and abdominal pain and one-quarter presented with altered bowel habits.** Delays in diagnosis of 4 to 6 months from time of initial symptoms were common. These findings underscore the need to identify signs and symptoms concerning EOCRC and complete timely diagnostic workup for individuals without an alternative diagnosis or sign or symptom resolution.



INNOVATIVE AND PRACTICAL SOLUTIONS FOR APPLICATION OF MANAGEMENT OF RED FLAG SIGNS AND SYMPTOMS

Could Non-Invasive Tests Help Detect EOCRC?

Dr. Monahan of St. Marks in the United Kingdom has extensively investigated whether fecal immunochemical testing (FIT) could identify younger patients at higher risk of CRC or other serious bowel related issues. The diagnostic accuracy of FIT for CRC and serious bowel disease was investigated in younger patients at different fecal hemoglobin (f-Hb) cut-offs. Exploring if in communities where colonoscopy access is limited, if FIT testing could be a management tool to increase capacity for screening. Particularly, trying to understand with those patients with symptoms, who is most likely to have a CRC diagnosis.

Key Considerations

- » In the NICE Trial (utilizing FIT testing), EOCRC was diagnosed in 1.5% (16/1103) of younger symptomatic patients and the sensitivity of FIT for patients aged <50 was 87.5%
- » Based on NICE and several studies, we could explore using FIT for risk stratification, to expedite referral for colonoscopy. We will need to further investigation about the role and function of tests such as: Fecal DNA, Microbiome, ctDNA, miRNA testing approaches.



TURNING TO THE US: WHAT ARE ADDITIONAL OPPORTUNITIES AND STRATEGIES?

Dr. Sonia Kupfer of Chicago shared additional perspective of the US system with a concentration on GI capacity issues, engagement of primary care, patient perceptions and opportunities in the future for artificial intelligence and machine learning.

Key Considerations

- » Based on a 2018 survey of over 600 patients under 50 yrs old, over 70 percent of patients know that colonoscopy is a screening modality but only 36 percent knew the age to begin screening.
- » Findings from a 2020 survey with primary care providers indicate that 78 percent are aware of increasing incidence of CRC in those younger than age 50 population

- » Access to medical care can greatly decrease health disparities. In those states with Medicaid expansion, there was an increase in those receiving a diagnosis and care for EOCRC.

Next Steps:

Nearly 80 experts and advocates registered for the discussion to explore the above strategies, including application of the information presented and future opportunities for research and implementation strategies to help our patients. Fight CRC is taking time to further analyze the ideas coming out of the June 25th discussion and in the coming months will continue the discussions with our worldwide advocacy partners, and the research and medical communities. Continue with us as we further our work on the global stage in Europe in June of 2025 to put the research strategies into action.

Citations:

1. Demb J, Kolb JM, Dounel J, Fritz CDL, Advani SM, Cao Y, Coppernoll-Blach P, Dwyer AJ, Perea J, Heskett KM, Holowatyj AN, Lieu CH, Singh S, Spaander MCW, Vuik FER, Gupta S. Red Flag Signs and Symptoms for Patients With Early-Onset Colorectal Cancer: A Systematic Review and Meta-Analysis. *JAMA Netw Open*. 2024 May 1;7(5):e2413157. doi: 10.1001/jamanetworkopen.2024.13157. PMID: 38787555; PMCID: PMC11127127.
2. D'Souza N, Monahan K, Benton SC, Wilde L, Abulafi M; NICE FIT Steering Group. Finding the needle in the haystack: the diagnostic accuracy of the faecal immunochemical test for colorectal cancer in younger symptomatic patients. *Colorectal Dis*. 2021 Oct;23(10):2539-2549. doi: 10.1111/codi.15786. Epub 2021 Aug 10. PMID: 34240526.
3. QuickStats: Percentage of Adults Aged 50–75 Years Who Met Colorectal Cancer (CRC) Screening Recommendations — National Health Interview Survey, United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:314. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a7>.
4. Parekh A, Hochheimer CJ, Espinoza JM, Karlitz JJ, Lewis CL, Wani S, Patel SG. Primary Care Provider Knowledge and Practice in Risk Assessment for Early Age Onset Colorectal Cancer: Opportunities for Improvement. *J Cancer Prev*. 2021 Dec 30;26(4):298-303. doi: 10.15430/JCP.2021.26.4.298. PMID: 35047456; PMCID: PMC8749316.