A great amount of variability exists in the 5-year relative survival when stratified by stage. For example, among patients with stage 0, the 5-year relative survival ranges from 0.23 to 6.67. Similarly, for stage I patients, the 5-year relative survival ranges from 4/103 (3.8%) to 61.17%. The median relative survival for all stages is 0.24-60.55.

Surgery is considered the preferred curative treatment for local or regionally advanced disease. However, in some cases, surgery may not be feasible due to the presence of metastatic disease. In these cases, other treatments such as chemotherapy or targeted therapies may be considered.

MRD rates across early-stage and oligometastatic CRC patients reflect expected relapse rates and demonstrate treatment response dynamics in a clinically useful way.

### Background
Colonctal cancer (CRC) is the second leading cause of cancer-related mortality in the United States. A great amount of variability exists in the 5-year relative survival when stratified by stage. For example, among patients with stage 0, the 5-year relative survival ranges from 0.23 to 6.67. Similarly, for stage I patients, the 5-year relative survival ranges from 4/103 (3.8%) to 61.17%. The median relative survival for all stages is 0.24-60.55.

Surgery is considered the preferred curative treatment for local or regionally advanced disease. However, in some cases, surgery may not be feasible due to the presence of metastatic disease. In these cases, other treatments such as chemotherapy or targeted therapies may be considered.

### Methods
A total of 715 plasma samples were analyzed from 535 unique CRC patients who underwent cTMA (CTNA) testing as part of an early adopter program across the spectrum of CRC management.

The study evaluated the relationship between cTMA status and clinical outcomes including radiographic imaging and multi-value analysis was performed with all clinical variables.

### Results
MRD positivity (100%) was observed in patients with locoregionally advanced CRC. However, the detection rates were lower in patients with metastatic disease who had partial response to treatment or no evidence of disease (NED), where the cTMA was detected in 0.49-27,077.71% of cases.

### Discussion
MRD positivity and cTMA quantification (mean tumor molecules/mL) for patients with local and regionally advanced (stage I-II) CRC, metastatic CRC, and oligometastatic CRC are presented in Table 2, 3, and 4, respectively.

MRD positivity was significantly associated with stage of disease (p<0.0001, Chi square = 50.94). In the multivariate analysis of pT4 on pathology in particular, was a significant covariate associated with the cTMA-based positivity (Table 4).

Patients with radiologically measurable active metastatic disease as demonstrated in Table 1. cTNA positivity was detected in 100%. On the other hand, patients with advanced/malignant disease who had partial response to treatment or no evidence of disease (NED) showed 60% and 33% of cTMA positivity, respectively.

No significant change was observed in cTMA positivity rates for the different time points.

### References