The Rise of Early-Onset Colorectal Cancer

Congressional Families
Cancer Prevention Program

April 22, 2019



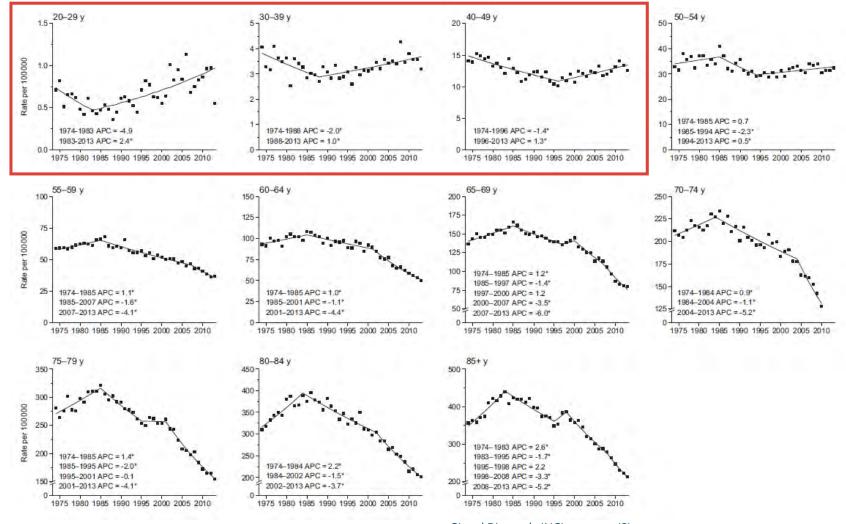
Young-Onset Cancer Center Colorectal Cancer Center

DANA-FARBER/BRIGHAM AND WOMEN'S



Colon cancer rates are rising in individuals <50 years old

Colon Cancer

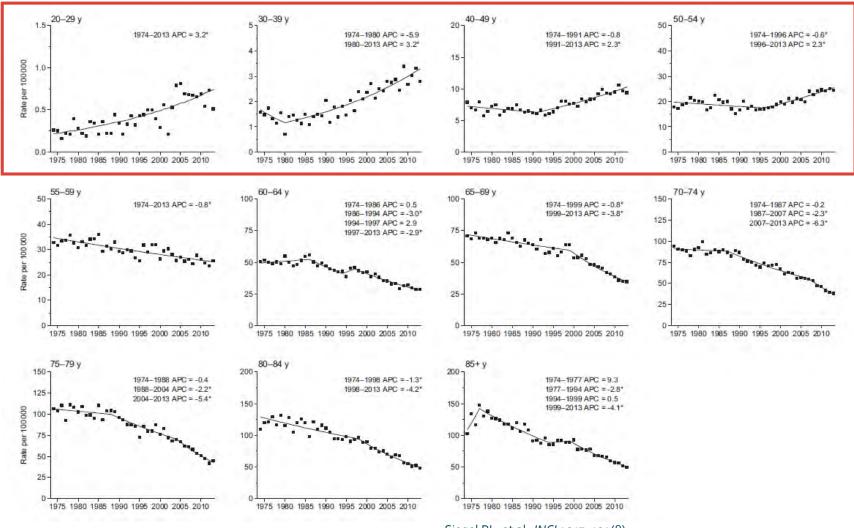






Rectal cancer rates are rising even more steeply

Rectal Cancer

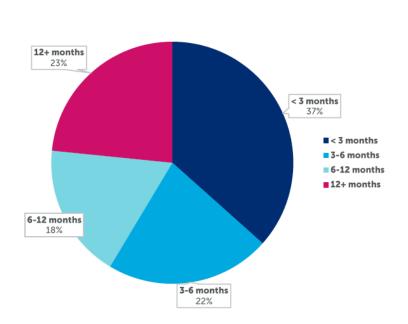




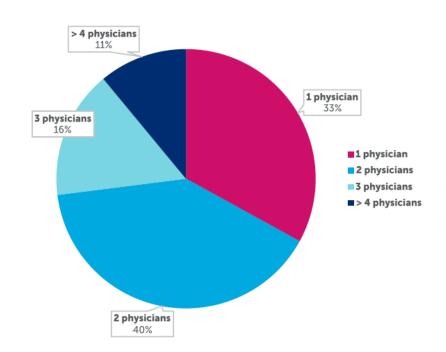


Young patients are diagnosed with more advanced disease

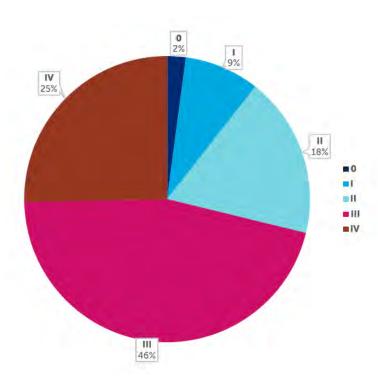
41% waited >6 mos before seeking medical attention



67% saw 2 or more physicians prior to diagnosis



71% diagnosed with stage III/IV disease



Yarden RI and Newcomer KL. AACR 2019; abstract 3347.





Screening age lowered from 45 to 50 years old by ACS

TABLE 1. American Cancer Society Guideline for CRC Screening, 2018

Recommendationsa

The ACS recommends that adults aged 45 y and older with an average risk^b of CRC undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) examination, depending on patient preference and test availability. As a part of the screening process, all positive results on noncolonoscopy screening tests should be followed up with timely colonoscopy.

The recommendation to begin screening at age 45 y is a *qualified recommendation*.

The recommendation for regular screening in adults aged 50 y and older is a *strong recommendation*.

The ACS recommends that average-risk adults in good health with a life expectancy of greater than 10 y continue CRC screening through the age of 75 y (qualified recommendation).

The ACS recommends that clinicians individualize CRC screening decisions for individuals aged 76 through 85 y based on patient preferences, life expectancy, health status, and prior screening history (qualified recommendation).

The ACS recommends that clinicians discourage individuals over age 85 y from continuing CRC screening (qualified recommendation).

Wolf AMD, et al. CA Cancer J Clin 2018; 68: 250-81.





Young patients face unique challenges

85%

experienced anxiety or depression during or after treatment.

55%

sought treatment for anxiety or depression.

80%

had children under the age of 18 when diagnosed.

64%

said a medical professional did not talk to them about fertility preservation during diagnosis or treatment.

61%

did not have a health care proxy or medical directive in place, which lets another person legally make health care decisions in the event the patient is unable.

64%

took a leave of absence or quit a job or schooling because of their diagnosis. 62%

experienced financial difficulties.







Clinical Care

-Provide expert, compassionate, and cutting-edge care to patients with young-onset colorectal cancer

Research

-Promote scientific discovery and innovation to elucidate underlying biological mechanisms, identify risk factors, and facilitate development of novel therapies

Education and Awareness

 Increase public awareness and education around the rising burden of colorectal cancer in young adults to improve prevention and early detection

Clinical Care

Multidisciplinary evaluation

Upfront genetics appointment

Personalized treatment

- OncoPanel platform for next generation sequencing
- GITARGET (<u>Treatment Assistance Regarding Genomic Evaluations of Tumors</u>) program

Dedicated program coordinator

- Expedited referrals to support services (i.e., fertility, sexual health, nutrition, integrative therapies)
- Liaison to clinical and research team

Dedicated social worker

- One-on-one support
- Group programming (support groups, webinars, community forums)









There are many ways to live beyond colorectal cancer

Completing treatment

Living with cancer and treatment

Supportive care for the whole patient and family

Helping those who come after through research





New prospective longitudinal cohort study of young-onset colorectal cancer patients

- Clinical, treatment, and survival data
- Tumor, blood, and stool samples
- Comprehensive diet and lifestyle questionnaires

Cross-disciplinary translational research

- Genetic variants, gene expression, proteomics
- Characterization of immune microenvironment
- Patient-derived model development
- Epidemiologic studies of dietary and lifestyle risk factors
- Non-invasive technologies for early detection and identification of minimal residual disease

Public Awareness and Education

Patients

- Seminars, webinars, annual forum
- Newsletters with general information and research updates
- Partnerships with foundations and patient advocates

Community at large

- Dana-Farber's Colon and Rectal Cancer Center podcasts
- Medical and research conferences and summits
- Outreach to community practices
- Multimedia presence





The Patient's Perspective



Questions?

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