# The Next generation Cologuard test - will this stimulate its use in Europe?

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**WEO** The voice of world endoscopy





### I have no conflicts of interest related to this presentation

- I work with the organized screening programs in the Canton of Vaud, Switzerland
- I receive funding from the Swiss Cancer Research Foundation, the Swiss National Science Foundation, and the Leenaards Foundation



## **Original Cologuard**

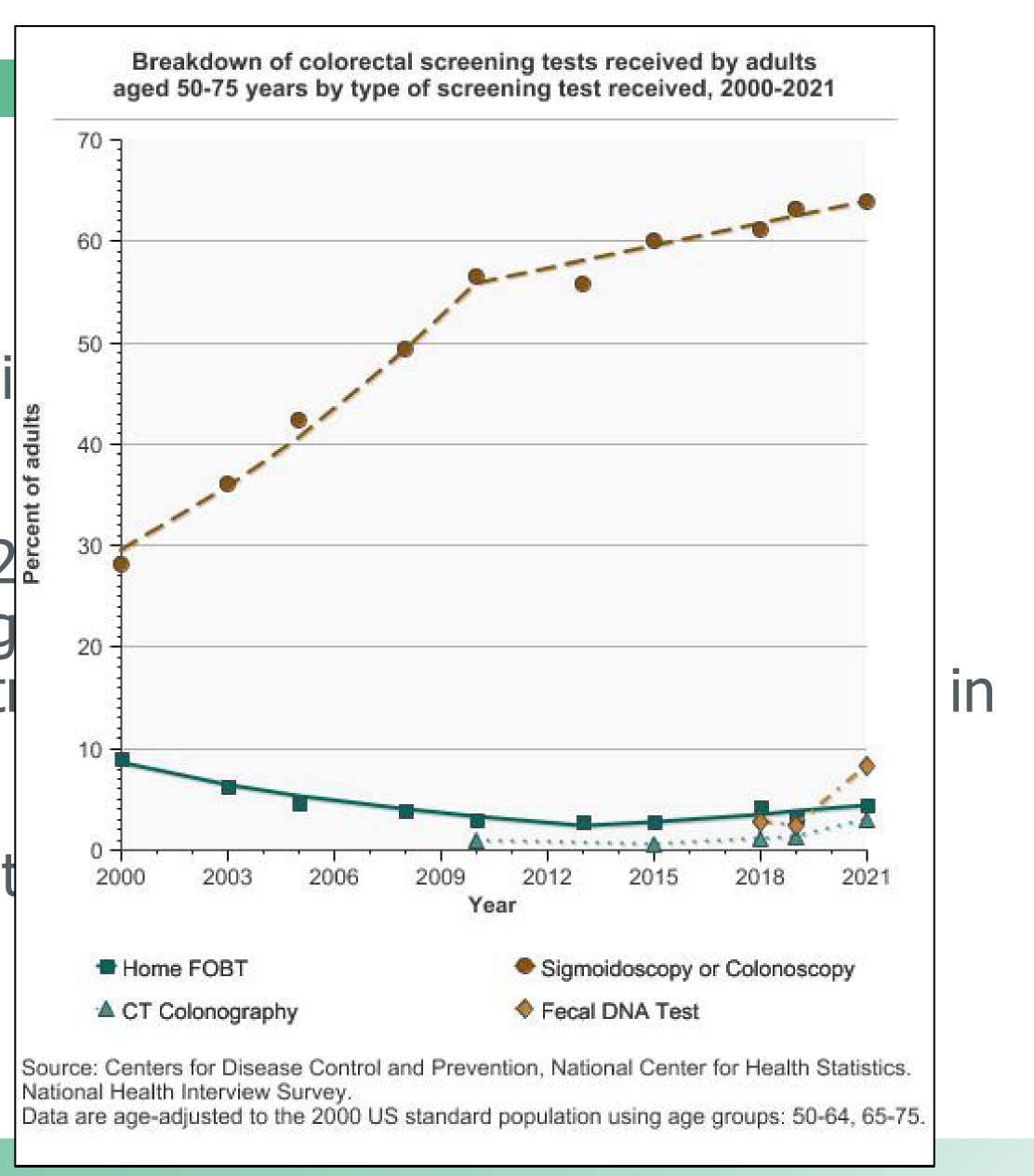
- Molecular assays for aberrantly methylated BMP3 and NDRG4 promoter regions, mutant KRAS, and  $\beta$ -actin (a reference gene for human) DNA quantity)
- Combined with a proprietary logistic regression algorithm
- Collection of an entire bowel movement
- All tests processed centrally in Madison, Wisconsin
- Not currently available or approved for use outside the USA





## Original Cologua

- Developed by Exact Sciences
- FDA approval and Medicare rei simultaneously in 2014
- Recommended by USPSTF in 2 "Clinicians should consider eng making about the screening sti completion"
- Integrated into HEDIS quality t
- Recent increase in use



https://progressreport.cancer.gov/detection/colorectal\_cancer https://jamanetwork.com/journals/jama/fullarticle/2779985



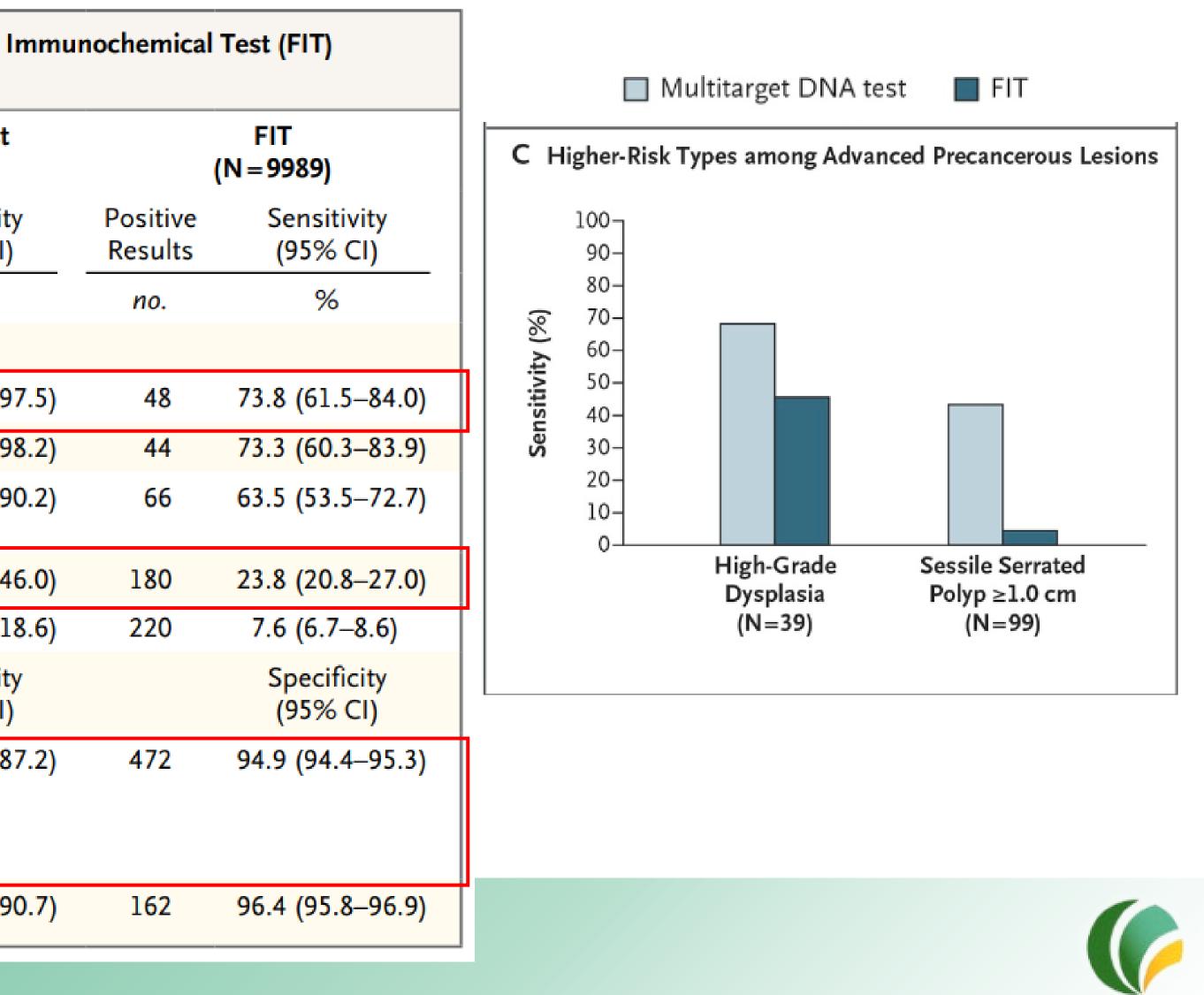
## **Original Cologuard Test**

Table 1. Sensitivity and Specificity of the Multitarget Stool DNA Test and the Fecal Immunochemical Test (FIT) for the Most Advanced Findings on Colonoscopy.

Most Advanced Finding	Colonoscopy (N = 9989)	Multitarget DNA Test (N = 9989)	
		Positive Results	Sensitivity (95% CI)
	no.	no.	%
Colorectal cancer			
Any	65	60	92.3 (83.0–9
Stage I to III*	60	56	93.3 (83.8–9
Colorectal cancer and high-grade dysplasia	104	87	83.7 (75.1–9
Advanced precancerous lesions†	757	321	42.4 (38.9–4
Nonadvanced adenoma	2893	498	17.2 (15.9–1
			Specificit (95% CI)
All nonadvanced adenomas, non-neoplastic findings, and negative results on colonoscopy	9167	1231	86.6 (85.9–8
Negative results on colonoscopy	4457	455	89.8 (88.9–9

True .





## What impact in a screening population?

### One-time test in a population with 0.5% CRC prevalence and 4% advanced adenoma prevalence

	FIT-DNA	FIT (OC-Sensor at 20 µg/g)
CRCs detected (/1,000)	5	4
AAs detected (/1,000)	17	10
Positive tests among people without CRC or AA (/1,000)	127	48

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### RESEARCH ARTICLE

### Cost-effectiveness of a multitarget stool DNA test for colorectal cancer screening of Medicare beneficiaries

Steffie K. Naber<sup>1</sup>\*\*, Amy B. Knudsen<sup>2</sup>, Ann G. Zauber<sup>3</sup>, Carolyn M. Rutter<sup>4</sup>, Sara E. Fischer<sup>3#a</sup>, Chester J. Pabiniak<sup>5</sup>, Brittany Soto<sup>3#b</sup>, Karen M. Kuntz<sup>6</sup>, Iris Lansdorp-Vogelaar<sup>1</sup>

### Results

Compared to no screening, triennial mtSDNA screening resulted in 82 (range: 79–88) LYG per 1,000 simulated individuals. This was more than for five-yearly sigmoidoscopy (80 (range: 71–89) LYG), but fewer than for every other simulated strategy. At its 2017 reimbursement rate of \$512, mtSDNA was the most costly strategy, and even if adherence were 30% higher than with other strategies, it would not be a cost-effective alternative. At a substantially reduced reimbursement rate (\$6–18), two models found that triennial mtSDNA testing was an efficient and potentially cost-effective screening option.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0220234



## **BLUE-C Trial - Design**

- 23,494 participants included between 2019 and 2023 at 194 study locations in the United States
- Representative screening population
- Adults  $\geq$ 40 years presenting for screening colonoscopy asked to complete mt-sDNA 2.0 and FIT tests
- Sponsored by Exact Sciences and lead by Thomas Imperiale





## **BLUE-C Trial – high-level results**

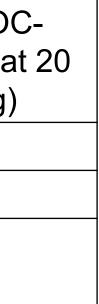
	Cologuard in	Next-gen	
	DeeP-C	Cologuard	
	study <sup>1</sup>	in BLUE-C study <sup>2</sup>	
Specificity			
including non-advanced	87	91	
findings			
Specificity	90	93	
including no findings	90	93	
Cancer sensitivity	92	94	
High-grade dysplasia	69	75	
sensitivity	09		
Advanced precancer	42	43	
sensitivity	42	40	



### One-time test with 0.5% CRC prevalence and 4% advanced adenoma prevalence

	mt-sDNA 2.0	FIT-DNA	FIT (O Sensor a µg/g)
CRCs detected (/1,000)	5	5	4
AAs detected (/1,000)	17	17	10
Positive tests among people without CRC or AA (/1,000)	85	127	48

https://www.exactsciences.com/newsroom/press-releases/next-generation-cologuardtest-demonstrates-94-percent-sensitivity







## What about ColoAlert ?

- free in Germany
- Analyses samples for KRAS-mutations, BRAF-mutations, total amount of human DNA and occult blood
- Single case-control study
- Adenomas poorly described
- (vs 96% with FIT)
- Not ready for widespread use (my opinion!)



### • Developed and distributed by Mainz Biomed Germany GmbH. Shipped for

Clin. Lab. 2018;64:1719-1730 ©Copyright

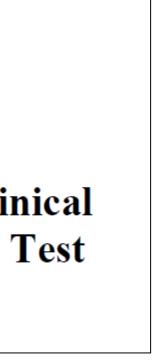
### **ORIGINAL ARTICLE**

### **Early Detection of Colorectal Cancer: a Multi-Center Pre-Clinical Case Cohort Study for Validation of a Combined DNA Stool Test**

Matthias M. Dollinger<sup>1,\*</sup>, Susanna Behl<sup>2,\*</sup>, Wolfgang E. Fleig<sup>3,\*</sup>

### 85% cancer sensitivity (vs 68% with ColoScreen FIT) and 92% specificity

https://mainzbiomed.com/coloalert/ https://www.coloalert.com/pages/what-is-coloalert





### Performance of non-invasive tests in development

- Guardant DNA blood test: high-level results show 83% CRC and 13% AA sensitivity; 90% specificity (ECLIPSE study)
- Freenome multiomics blood test: completed enrollment of 35'000 participants, but results not yet reported (PREEMPT CRC study)
- Some MCED tests also detect CRC. Case-control sensitivity of Galleri blood test reported as 74% in a case-control study
- mtFIT stool test: AA sensitivity of 38% vs 28% for traditional FIT with equal 96% specificity in an 'enriched screening population' of 1284 persons

 $\rightarrow$  Prospective validation now underway with 15,000 participants in the Dutch screening program

- https://investors.guardanthealth.com/press-releases/press-releases/2022/Guardant-Health-announces-positive-results-from-pivotal-ECLIPSE-study-evaluating-a-bloodtest-for-the-detection-of-colorectal-cancer/default.aspx https://pubmed.ncbi.nlm.nih.gov/33506766/ https://www.acpjournals.org/doi/10.7326/m20-8270 https://clinicaltrials.gov/study/NCT05314309



## Discussion

- Based on press release information, the next-generation Cologuard has similar sensitivity and improved specificity to the existing test
- Specificity is important, but the next-generation Cologuard is unlikely to
- It is unlikely to change our approach to screening in Europe in the near future
- Non-invasive stool and blood tests

be more cost-effective than FIT and important logistical hurdles remain







## World Endoscopy Organization

