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OBJECTIVES	
1. Review current colon cancer treatments and disease monitoring strategies. (P/T/N)	
 Discuss current literature regarding the utility of ctDNA in colon cancer monitoring and current guideline recommendations. (P/T/N) 	
 Identify current challenges with implementing ctDNA monitoring in clinical practice. (P/T/N) 	
 Describe the utilization of ctDNA for patients with colon cancer based on patient-specific factors. (P/T/N) 	
Transforming Oncology Care Through Medically Heighted Calaboration	PRING















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Current Syst	emic Treatments					
Chemotherapy	FOLFOX, FOLFIRI, FOLFOXIRI/FOLFIRINOX, XELOX/CAPEOX, capecitabine, trifluridine-tipiracil (TAS-102)					
Anti-VEGF	Bevacizumab, ziv-aflibercept, regorafenib, fruquintinib					
Anti-EGFR	Cetuximab, panitumumab					
Immune checkpoint inhibito	Nivolumab, ipilimumab, dostarlimab					
Anti-BRAF	Encorafenib					
Anti-KRAS G12C	Adagrasib, sotorasib					
Anti-HER2	Trastuzumab, pertuzumab, tucatinib, lapatinib, trastuzumab deruxtecan					
Anti-NTRK	Larotrectinib, entrectinib, repotrectinib					
Anti-RET	Selpercatinib					





What is ctDNA?
• ctDNA: circulating tumor DNA
• 'Liquid biopsy" typically measured from a blood sample (non-invasive)
• May be used in early cancer detection (screening), monitoring of minimal residual disease (MRD), tracking treatment response, and evaluating the tumor's genomic profile
• Current ctDNA detection rates:

• 50% in patients with non-metastatic disease
• 90% in patients with metastatic disease

• Many commercial tests available (e.g., Signatera, Guardant, Northstar)

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	Table 3. Sensitivity, Specificity, PPV, and NPV for ctDNA, Imaging, and CEA							
		Detection method,	% (95% CI)					
	Measure	ctDNA	Imaging	CEA level	Imaging plus CEA level			
rue positives =	Sensitivity	53.3 (27.4-77.7)	60.0 (32.9-82.5)	20.0 (5.3-48.6)	73.3 (44.8-91.1)			
ue negatives =	Specificity	100 (87.0-100)	96.9 (82.5-99.8)	90.9 (74.5-97.6)	87.9 (70.9-96.0)			
	PPV	100 (59.8-100)	90.0 (54.1-99.5)	50.0 (13.9-86.1)	73.3 (44.8-91.1)			
	NPV	82.5 (66.6-92.1)	84.2 (68.1-93.4)	71.4 (55.2-83.8)	87.9 (70.9-96.0)			
		Best specificity, but many false positives	Less false positives vs. ctDNA, but may miss some patients with recurrence	Nonspecific with too many false positives	Catches more patients with recurrence vs. CEA alone			









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SUMMARY

- MRD detection by ctDNA is a prognostic tool in colon cancer
- ctDNA monitoring after resection may help to avoid unnecessary adjuvant therapy (less toxicity)
- · ctDNA can capture treatment resistance with molecular profiling
- ctDNA appears to be a promising tool to help guide treatment decisions in combination with imaging, CEA, and other clinical features, but we still need to learn more before implementing into clinical practice as the new "gold standard"

 The future is bright and we are getting closer to curing cancer with exciting advancements including ctDNA

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