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PRESS RELEASE

Action against colorectal cancer: screening prevents thousands of deaths every year

UEGW experts call for Europe-wide screening from the age of 50 – New treatment methods for advanced stages of the disease

(Vienna, 20th October 2008) In Europe, there are approximately 400,000 new cases of colorectal cancer each year, and at least 210,000 women and men die from this, Europe's most common form of cancer*. Although some treatment methods have drastically improved, especially for advanced stages of the disease, nevertheless comprehensive screening is the only way to avoid the disease occurring and increase the chances of recovery. This was the verdict of the experts who met in Vienna for the 16th United European Gastroenterology Week (UEGW).

"The preferred method for such screening is colonoscopy", said Professor Wolff Schmiegel from Bochum (Germany). This type of examination, which is not too stressful for the patient, permits early detection of tissue changes. Polyps and adenomas (growths on the intestinal mucosa) which would otherwise develop undetected into a malignant tumour can be removed immediately at the time of colonoscopy. Professor Schmiegel said, "In this way, screening provides a very effective method of prevention for a disease that frequently has a fatal outcome."

Back in 2003, the European Commission recommended the Member States to introduce comprehensive screening. Most countries have responded by launching commendable initiatives, but organisational and financial problems have often prevented nationwide screening methods being implemented.

Screening for diagnosis of early-stage colorectal cancer

Just how successful comprehensive screening tests can be is demonstrated by the results from Germany: Data from more than 2 million people with no symptoms to date, who underwent colonoscopy, was evaluated. In almost one per cent of cases a carcinoma of the colon or rectum was diagnosed, while in 20 per cent adenomas were found and removed during the examination, thus preventing the possible development of cancer. In Germany, some three million women and men have so far taken up the

offer of a colonoscopy, financed by the statutory health insurers. From this figure, it may be extrapolated that several thousand deaths per year are prevented.

As a general rule, abnormal tissue grows very slowly in the intestine and it takes around 10 to 15 years for a malignant tumour to develop. On average, people contract colorectal cancer at the age of 65. Professor Schmiegel argued “That is why we are calling for Europe-wide screening from the age of 50.” The intervals at which colonoscopy should be repeated has yet to be conclusively established by the scientists: A recent study** with 1,256 healthy women and men showed that, following negative findings at the first colonoscopy, there was not a single case of colorectal cancer after five years. In many countries, patients are advised to undergo a repeat colonoscopy after ten years. Professor Schmiegel added, “However, for high-risk groups with a genetic predisposition, examination should begin considerably earlier, around the age of 40, and should be repeated at shorter intervals.”

New treatments: even advanced cancer can be successfully treated

In its early stage, colorectal cancer is almost totally curable. If, however, symptoms such as blood in the stool or unintentional weight loss occur and colorectal cancer is diagnosed, this often means that the disease is already in a more advanced stage. In most cases, cancer cells have invaded other organs, such as the lung or liver (metastases). In spite of the very unfavourable prognosis, treatment of metastasised colorectal cancer has become considerably more successful in recent years; therapy management has improved dramatically. According to Professor Eric Van Cutsem, a colorectal and gastrointestinal cancer specialist from Leuven (Belgium). “Even in patients with inoperable metastases, an average survival time of 24 months is achievable, which may be regarded as a major success compared to the original life expectancy of only a few months.”

This progress is attributable not only to improved surgical techniques and increasingly precise radiation therapy, but also to advances made in drug treatment, as Professor Van Cutsem emphasised. “New chemotherapy active ingredients, such as irinotecan, oxaliplatin and capecitabine, and so-called biological therapies, like bevacizumab, cetuximab und panitumumab, have greatly expanded the therapeutic spectrum for advanced colorectal cancer, to the benefit of the patient. Other new active ingredients are currently being developed.”

Tumours are starved

Biological therapies are antibodies which target cancer cells or the blood vessels which supply the tumour ("targeted therapy"). Cetuximab, for example, blocks an epidermal growth factor (EGF) receptor on the surface of cancer cells. The migration of tumour cells into healthy tissue and distant metastasis are then reduced. Instead, apoptosis, or "programmed" cell death, is initiated – the cancer can no longer grow and ideally dies off. The active ingredient bevacizumab blocks the growth factor VEGF, thereby preventing new blood vessels becoming established in the tumour. In the best case, the tumour is starved.

Objective: To forecast which patient is suitable for which treatment

As a rule, the new targeted drugs are combined with various forms of chemotherapy, thus enhancing the effectiveness of both treatments. As Professor Van Cutsem explained, "Numerous studies have confirmed that these new treatment methods are highly successful. Nowadays it is often possible to reduce the size of tumours or metastases to such an extent that an operation is possible after all. In many cases, even seriously ill patients are free of symptoms for months." Nevertheless, the Belgian expert warns against too much euphoria: "There are still many unanswered questions. We still don't know why the treatment is not effective in some patients, or which patients benefit most from the treatment, and why in some patients it ceases to be effective after a certain time." According to Professor Van Cutsem, further studies and molecular biological investigations are required in order to better predict which patient is particularly suitable for which treatment.

* Figures from the "European Conference on Colon Cancer Prevention 2007" in Brussels, in which representatives from 29 European countries participated.

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