

# CpG island methylator phenotype prognostic after CRC surgery

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(HealthDay)—For patients undergoing colorectal cancer (CRC) surgery,

CpG island methylator phenotype (CIMP) status predicts survival, according to research published online Jan. 14 in the *Journal of Gastroenterology and Hepatology*.

Chang Hyun Kim, M.D., from the Chonnam National University Hwasun Hospital and Medical School in Gwangju, South Korea, and colleagues retrospectively reviewed data for 157 consecutive patients who underwent curative surgery for CRC to examine the prognostic significance of CIMP [status](#).

The researchers found that 31.8 and 68.2 percent of cases had CIMP-high (H) and CIMP-none/low (N/L) tumors, respectively. There was a significant association for CIMP-H tumors with female sex, colonic location, poorly/mucinous histologic type, higher T category, perineural invasion, and microsatellite instability-high status ( $P = 0.001$ ). Tumor recurrence developed in 29.9 percent of patients during a median of 64.5 months. For CIMP-H and CIMP-N/L, the five-year disease-free survival was 76.3 and 61.4 percent, respectively ( $P = 0.018$ ). CIMP-H was a significant prognostic factor in multivariate analysis ( $P = 0.042$ ). More marked survival differences were seen for patients with colon versus rectal cancer ( $P = 0.026$  and  $0.210$ , respectively). The role of CIMP status as a prognostic indicator was more prominent for patients with stage I/II versus stage III/IV CRC ( $P = 0.006$  versus  $0.65$ , respectively).

"DNA methylation status can be considered as a useful predictor of survival after CRC [surgery](#), particularly for [patients](#) with stage I/II disease or colon [cancer](#)," the authors write.

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