

Metachronous pathology assessed in young-onset colorectal cancer survivors

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The incidence rate of clinically significant metachronous colorectal

pathology is 32 per 1,000 person-years after index young-onset colorectal cancer (YOCRC), according to a research letter published online Aug. 16 in *Gastroenterology*.

Oliver Peacock, M.D., Ph.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues examined the risk for metachronous [pathology](#) after index YOCRC to inform postresection endoscopic surveillance in sporadic YOCRC survivors. A total of 721 YOCRC patients underwent resection with curative intent; 457 patients formed the study cohort after exclusion of those with hereditary CRC, recurrent disease, or no recorded endoscopy.

Patients were followed for a median of 48.1 months. The researchers found that during 1,192 person-years of follow-up, 38 [patients](#) had clinically significant lesions: 31 high-risk adenomas, six luminal recurrences, and one second CRC. For clinically significant metachronous pathology, the overall incidence rate was 32 per 1,000 person-years. The median time of detection was 13.9 months after resection. Twenty-four and nine incidents (63.2 and 23.7 percent, respectively) were detected within 15 months postresection and in the remaining interval preceding the recommended 48-month timepoint.

"Ensuring a high-quality colonoscopy at 12 months to establish postresection baseline, and considering an interval shorter than three years until the next surveillance scope, could facilitate secondary prevention of colorectal pathology among survivors from YOCRC," the authors write.

More information: Oliver Peacock et al, Clinically Significant Metachronous Colorectal Pathology Detected Among Young-Onset Colorectal Cancer Survivors: Implications for Post-Resection Surveillance Guidelines, *Gastroenterology* (2022). [DOI: 10.1053/j.gastro.2022.08.030](https://doi.org/10.1053/j.gastro.2022.08.030)

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