ASO Author Reflections: Prognostic Value of Tumor Border Configuration in Colon Cancer

Yasmeen Z. Qwaider, MD, and David L. Berger, MD

Department of General and Gastrointestinal Surgery, Massachusetts General Hospital and Harvard Medical School, Boston, MA

PAST

Jass et al.¹ initially described tumor border configuration (TBC, either infiltrating or pushing) while analyzing resected rectal tumors. Since then, TBC has been considered a poor prognostic factor in colorectal cancer.^{2–4} However, studies group colon and rectal cancers together in their analyses. This study aimed to assess the prognostic value of TBC in stages 2 and 3 colon cancer.

PRESENT

This study investigated 700 patients from the authors' institution with surgically resected stage 2 or 3 colon cancer.⁵ Infiltrating TBC was associated with stage 3 tumors, extramural vascular invasion, likelihood of progression to metastasis, and lower overall and disease-free survival rates ($p < 0.05$). Infiltrating TBC also was an independent prognostic factor in Cox regression analysis for overall survival (adjusted hazard ratio [aHR] 1.8; 95% confidence interval [CI], 1.4–2.4; $p < 0.001$) and disease-free survival (aHR 1.7; 95% CI 1.3–2.2; $p < 0.001$). Pairwise comparisons showed no difference in overall or disease-free survival between the patients with stage 2 disease and infiltrating TBC and the patients with stage 3 disease and pushing TBC (aHR 1.1; 95% CI 0.7–1.7; $p = 0.8$) and (aHR 1.0; 95% CI 0.7–1.6; $p = 0.9$), respectively.

FUTURE

This study showed that infiltrating TBC is a poor prognostic factor in colon cancer. The authors believe the study results could challenge the approach to stages 2 and 3 colon tumors. Future studies should assess the benefit of adjuvant chemotherapy for patients with high-risk features (e.g., TBC) in stage 2 disease and potentially identify patients with stage 3 disease who might not require adjuvant chemotherapy.

DISCLOSURES The authors have no disclosures to report

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