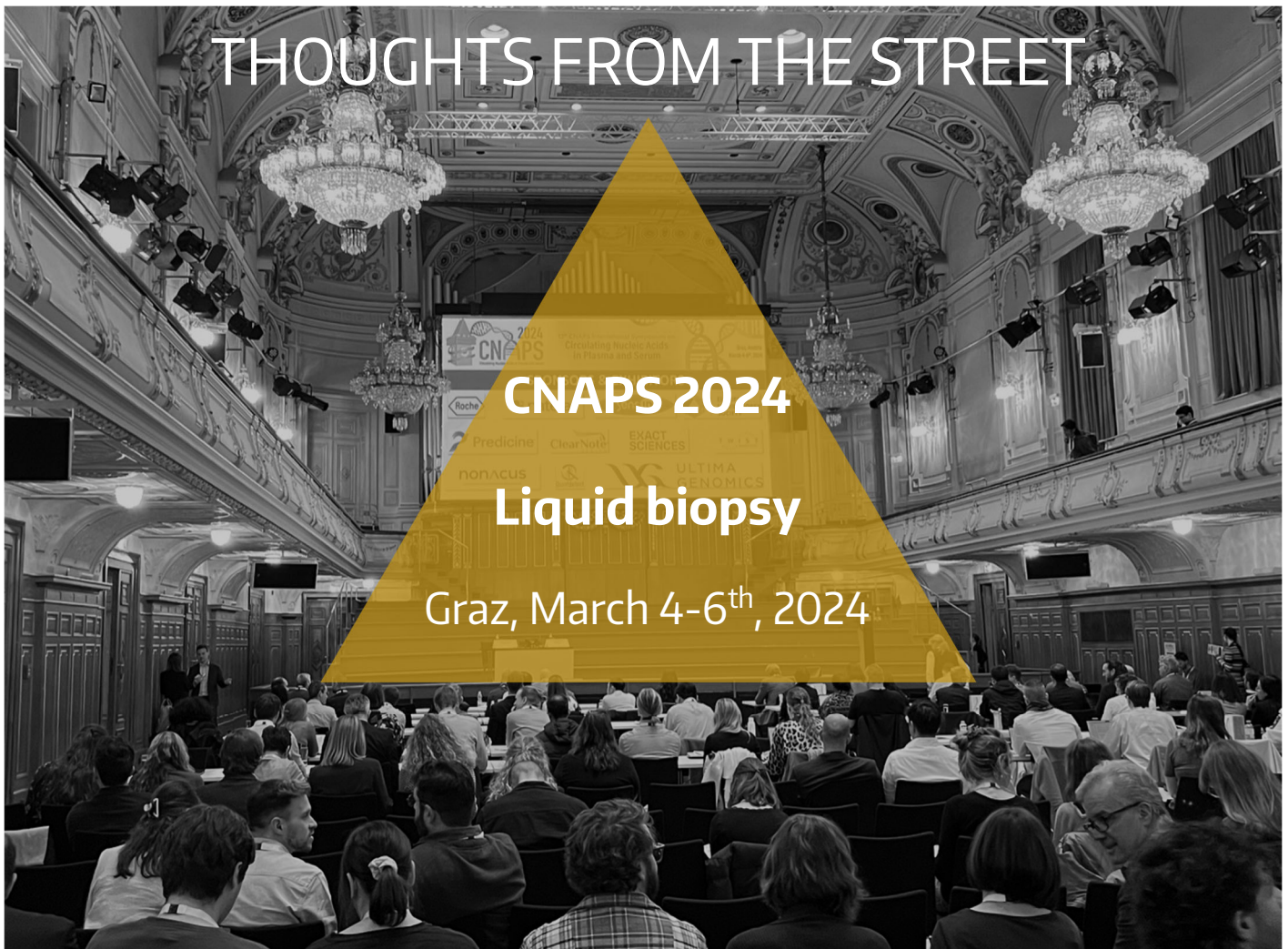




Cancer care – at an inflection point?

Detecting cancer with a blood draw, it is the promise of liquid biopsy – this is not fiction as many may recall the Theranos debacle. As showcased at the 13th CNAPS Symposium the field continues to make steady progress.

Minimal residual disease (MRD) is one application of liquid biopsy and refers to the presence of cancerous cells (in the form of circulating tumour DNA (ctDNA)) following treatment:

- ctDNA tests offer numerous advantages over current standard of care in MRD and monitoring
- From the presentations and discussions, we have had, we believe that we are one step closer to a paradigm shift in cancer care continuum with ctDNA guided surveillance

About the symposium

The 13th CNAPS (Circulating Nucleic Acids in Plasma and Serum) symposium was held in Graz, Austria. The focus is to bridge the gap between basic and applied research. This event serves as a platform for scientists and clinicians to engage in discussions with companies and share knowledge with the broader CNAPS and liquid biopsy community.

ctDNA vs. current standard of care

Today, post treatment surveillance in colorectal cancer (CRC) (stage I-III), for example, is primarily done through imaging (e.g. CT scan) and more invasive measures (e.g. colonoscopy), effectively being one size fits all. However, some research has shown that the vast majority of patients do not need recurrence surveillance since they were cured post treatment. The problem is that we do not know who. In addition, recurring patients are not detected sufficiently early to receive curative treatment.

ctDNA allows for monitoring in a less invasive way, is easily repeatable, provides real-time information on tumour dynamics and treatment response. It also detects recurrence at an earlier stage compared to conventional methods (8 month-median leadtime in CRC), with the potential to change patient outcomes.

Towards actionable clinical outcomes for patients?

The resounding message from scientists and clinicians was that ctDNA is a strong prognostic biomarker, meaning that elevated levels of ctDNA often correlate with a poorer prognosis. ctDNA positive patients would have a high risk of recurrence without further treatment while ctDNA negative patients have a lower risk of recurrence. This has the potential to allow for escalation or de-escalation of therapy and thus for the latter, in the instance of CRC, spare patients unnecessary chemotherapy and associated toxicity and save costs for healthcare systems.

The need for more prospective studies to establish clinical utility of MRD and surveillance testing was highlighted many times at the symposium. There are a number of ongoing studies in CRC, with one notable readout expected in Q3 24 with the Altair study – ctDNA guided treatment escalation (adjuvant chemotherapy) for patients who tested ctDNA positive within two years after surgery and have no clinical or radiographic evidence of disease vs. placebo.

Bottom-line

Exciting times in MRD and cancer monitoring as the field edges closer to actionable outcomes for patients. Also interesting for investors as this is a large and untapped market. Companies which are first movers and are able to conduct large randomised prospective studies demonstrating clinical utility will have a significant advantage.

Should you want to know more about this conference, please contact us

Yours sincerely,



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