On behalf of Genomic Health, Inc., I respectfully request the NCCN Colon/Rectal/Anal Cancers Panel to review the enclosed data for inclusion of the Oncotype DX® Colon Recurrence Score® assay in the postsurgical recurrence risk assessment of patients with mismatch repair proficient (MMR-P) T3N0M0 stage II colon cancer.

Specific Changes: Request that the Oncotype DX Colon Recurrence Score assay be included as a prognostic factor as part of the “pathological stage” (page COL-3), in a manner similar to MSI, MMR, and MSS, in the routine post-surgical work-up for patients diagnosed with stage II, T3, MMR-P colon cancer.

FDA Clearance: FDA clearance is not required for this assay because the assay is performed in the central laboratory at Genomic Health that is regulated and certified under the Clinical Laboratory Improvement Amendments (CLIA) and the College of American Pathologists (CAP).

Rationale: Inclusion of this assay (analytically and clinically validated in over 3,600 patients1-7) in the treatment decision algorithm for patients with T3N0M0 MMR-P stage II colon cancer will reduce variability of recurrence risk assessment and offer an independent quantitative risk estimate that will lead to a more informed, individualized discussion and treatment decision for each patient.

Since the time of the previous submission request in 2014, data from an additional clinical validation study were reported.7 This study, conducted in patients with both stage II (n=247) and stage III (n=350), showed that the continuous Recurrence Score result was significantly associated with relapse-free interval after adjustment for disease stage (p<0.001), consistent with findings from prior studies. Three clinical utility studies have demonstrated that testing results in less frequent recommendation for chemotherapy (both 5-FU and 5-FU + oxaliplatin),8-10 in line with the NCCN and ASCO guideline recommendations. On average, treatment recommendations change 35% (range 29%-45%) of the time with use of the assay. The consistent high rate of decision change likely reflects how the quantitative information provided by the Recurrence Score result is clinically meaningful to physicians and patients. Shared decision making is realized when both physician and patient contribute to care decisions based on all available information. In this regard, the individualized risk assessment provided by the Recurrence Score assay, used in conjunction with clinicopathologic features, supports shared decision making and increase confidence in the treatment decision for both patient and physician.8

The following articles are submitted in support of this proposed change:

Validation studies:
2. O’Connell MJ, Lavery I, Yothers G, et al. Relationship between tumor gene expression and recurrence in four independent studies of patients with stage II/III colon cancer treated with surgery alone or surgery plus


Clinical utility studies:


Sincerely,

Christy Russell, MD
Senior Director, Medical Affairs
Genomic Health, Inc.