



SCREENING TOOL for the DIAGNOSIS of COLORECTAL CANCER

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COLORECTAL CANCER

*The aim of the patent
is to offer a
standardized
methodology
and to assemble a kit
dedicated to the
diagnosis of
Colorectal Cancer
from peripheral blood
samples*



COLORECTAL CANCER



THIRD MOST COMMONLY DIAGNOSED MALIGNANCY

> 1,4 million new cases/year in 2012

> 2,2 millions projected new cases/year

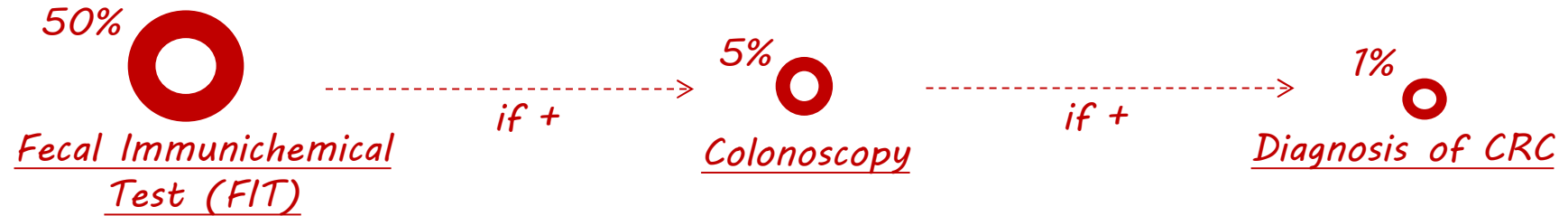
> in 2030 → 1,1 million cancer-deaths foreseen

CRC is often a multi-stage process, starting with benign precancerous adenomas that develop into aggressive metastatic adenocarcinoma

Treatment of early stages is far more successful

Early diagnosis is fundamental

COLORECTAL CANCER SCREENING



National screening based on Fecal Immunochemical Test (FIT) detects the presence of hemoglobin/blood in the feces

Target population → 50-70 years old

Only about 50% of invited subjects participates



CELTIC BLOOD TEST METHOD

CEACAM6, LGALS4, TSPAN8, COL1A2 (CELTic panel)



RNA Extraction
from a sample of
blood



RT-PCR
for CELTic
Panel of markers



Data Analysis
based on ROC curves that plot
sensitivity vs specificity
(probability of detection) vs (probability
of false alarm or false positive rate)

Advantages

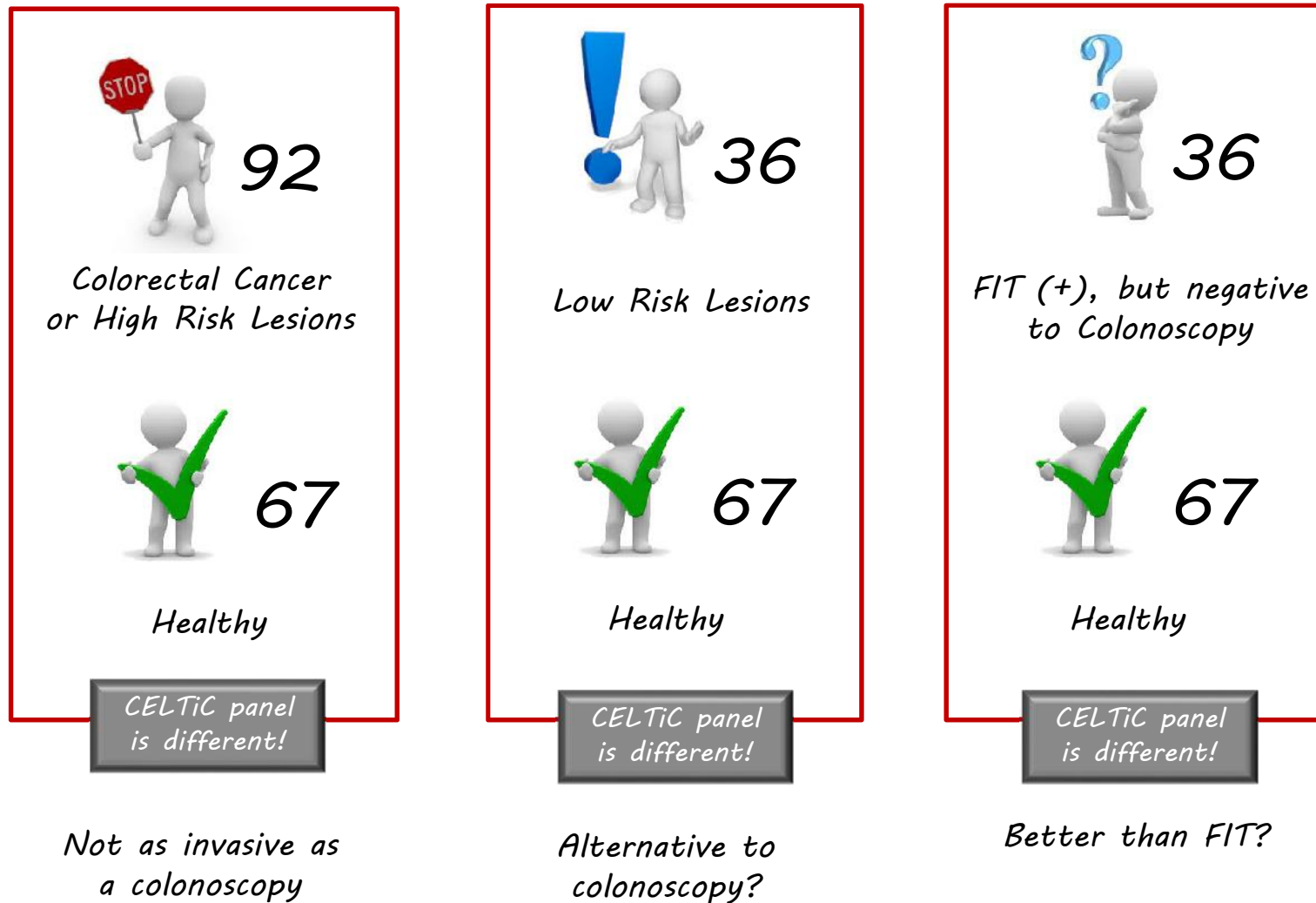
- ! simple and higher acceptance comparing to fecal test and colonoscopy*
- ! higher sensitivity and specificity of the new panel of markers*
- ! possibility to monitor disease progression*
- ! higher rigor of test results*
- ! reduced costs of the therapeutic approach*

Applications

- ! Medical/pharmaceutical field to carry out screening and diagnostic tests*
- ! Replacement of commercially available screening tests based on stool analysis*

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«METHOD AND KIT FOR THE DIAGNOSIS OF COLORECTAL CANCER»

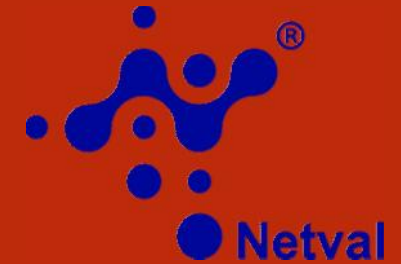


Future implementations

{ LARGER CONFIRMATION STUDIES }

- *Identification of a clear cut-off threshold for the CELTiC panel*
- *Standardization and automation on a larger scale*
- *Modalities to administrate the CELTiC test*
- *Response to therapy using CELTiC test in the follow-up of CRC*





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