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Introduction: Development of colorectal cancer is a long-term complication of colonic inflammatory bowel disease, following a “chronic inflammation-dysplasia-cancer” pathway. Endoscopic surveillance is recommended in those patients but the detection of dysplasia and cancer can be difficult as the lesions can be multifocal and developed on a macroscopically normal mucosa.
Aim: The aim of this abstract is to illustrate the multifocal and potentially aggressive development of such dysplastic lesion.
Methods: We report the endoscopic description and the histological findings of a patient suffering from longstanding ulcerative colitis.
Results: We report the case of a 65 year old woman suffering from ulcerative colitis since 1980. The disease was a pancolitis that required one course of corticosteroids in 1986 followed by a long term treatment with Azathioprine and Mesalazine. This treatment allowed clinical remission until autumn 2012 when the patient developed a new flare. A rectosigmoidoscopy was done and showed an active colitis and, in the sigmoid, a high grade dysplastic lesion surrounded by inflammatory mucosa (DALM). A full colonoscopy was then performed and two lesions were found in the sigmoid at 20 and 30 cm from anal margin, composed of high-grade dysplasia and surrounded by inflammatory and dysplastic mucosa. Five months later the patient underwent a coloproctectomy with total mesorectal excision (TME), lymph nodes dissection, ileo-anal anastomosis and J pouch. The histological analysis showed severe chronic active ulcerative colitis with low grade and high grade dysplasia. Twenty-five lymph nodes were analyzed and surprisingly two were infiltrated by adenocarcinoma. As no macroscopic lesion was found, new histological examination of the rectosigmoid was performed. Finally, two lesions of well differentiated and infiltrating adenocarcinoma were discovered (staging T1N1).
Conclusions: In this case we illustrate the development of dysplasia and colorectal cancer in longstanding ulcerative colitis. We also show the multifocal location of dysplasia and the potential difficulties to find the colorectal neoplastic lesion.

R03

Clinico-pathological characterization of patients with colorectal cancer and restricted immunohistochemistry overexpression of p53.

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Introduction: Restricted overexpression of p53 in immunohistochemistry (p53IHC RO) was previously described as a different pattern from the negative or intense and diffuse p53 IHC expression. p53IHC RO is characterized by a limited number of homogenously scattered strongly positive colorectal cancer (CRC) cells. We previously reported, on a limited and selected patient cohort that p53IHC RO was associated with MSI CRC tumor.

Aim: The aim of this work was to confirm this association on a larger and unselected cohort of operated CRC patients.
Methods: p53 and MMR (MLH1, MSH2, MSH6 and PMS2) proteins IHC expression were performed on CRC tumor of patients who underwent surgery at the Cliniques universitaires St-Luc between 1998 and 2014. p53 IHC results were defined as negative, intense and diffuse or restricted expression. Clinico-pathologic CRC characteristics must be available for this analysis. Between p53 overexpression groups, comparisons of numerical and categorical clinico-pathological data were evaluated respectively by Mann-Whitney and Fisher exact tests. Results were considered as statistically significant for a p-value <0.05.
Results: Among CRC tumors analyzed from 673 patients, p53 IHC expression was categorized as restricted (n=207), intense and diffuse (n= 340) or negative (n=126). As compared with diffuse and negative IHC pattern, p53IHC RO was significantly associated with MSI CRC (33.3 vs 13.3%) older patient age (69 vs 66 y-old), female sex (54.1 vs 44.4%), colon cancer (73.4 vs 57.5%), proximal tumor location (35.2 vs 18.5%) and mucoid adenocarcinoma (19.3 vs 5.8%). p53IHC RO was also associated with better clinico-pathological CRC characteristics: lowest lymph node ratio (0.062 vs 0.121), less venous (16.9 vs 29.2%) and lymphatic permeation (29.5 vs 37.6%) and less advanced stage (stage III/IV) at presentation (38.7 vs 49.1%). Among the patients with MSS CRC (n=542), p53IHC RO were significantly associated to the same clinico-pathological characteristics except for age at surgery, tumor location and venous/lymphatic permeation. Lowest LNR (0.074 vs 0.117) and less metastatic stage at presentation (6.5 vs 13.1%) remains also significantly associated with p53IHC RO MSS CRC.
Conclusions: p53IHC RO is closely related to MSI CRC and its related clinico-pathological features. Nevertheless, when only considering MSS tumors, p53IHC RO remains associated with the MSI-related clinico-pathological characteristics and a less advanced disease stage at diagnosis. Prognostic impact of p53IHC RO must be further characterized especially for MSS CRC.

R04

Characterization of HER2 gene/protein and Ki67 protein expressions in colorectal carcinoma variants with relation to clinicopathological parameters and prognosis

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Introduction: There is extensive ongoing research on alternative therapeutic targets and agents other than chemotherapy for the management of cancer. One of these targets is the human epidermal growth factor receptor 2 (HER2). The advent of HER2 directed therapies has dramatically affected the outcome of patients with HER2 positive breast and gastric or gastroesophageal cancers; however, the results have been discouraging in other HER2 overexpressing cancers. It is currently unclear whether HER2 is a potential therapeutic target in patients with colorectal carcinoma (CRC) or not.
Aim: The data on the frequency and pattern of HER2 expression in CRC and its clinical significance are ambiguous. Little is known about HER2 status in CRC variants and its relation to proliferative activity and clinical outcome. Nevertheless, the exact prognostic value of proliferative and cell cycle-associated markers in CRC remains vague. Such knowledge may be of potential value for therapeutic decision making in CRCs. We, therefore, conducted this study