

# Normalized post-op CEA may help predict colon cancer prognosis

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had 14.9 percent lower RFS versus the combined cohorts with normal postoperative CEA ( $P = 0.001$ ). There was an independent association between shorter RFS and elevated postoperative CEA (hazard ratio [HR], 2.0; 95 percent confidence interval, 1.1 to 3.5), but shorter RFS was not associated with normalized postoperative CEA (HR, 0.77; 95 percent confidence interval, 0.45 to 1.3) in multivariate analyses.

"Elevated preoperative CEA that normalizes after resection is not an indicator of [poor prognosis](#)," the authors write. "Patients with elevated postoperative CEA are at increased risk for recurrence, especially within the first 12 months after surgery."

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(HealthDay)—Colon cancer patients with elevated preoperative carcinoembryonic antigen (CEA) levels that normalize after resection are not at increased risk for poor prognosis, according to a study published online Dec. 21 in *JAMA Oncology*.

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Tsuyoshi Konishi, M.D., from the Memorial Sloan Kettering Cancer Center in New York City, and colleagues assessed how pre- and [postoperative](#) levels of serum CEA correlate with colon cancer outcomes. Retrospective analysis included 1,027 consecutive [patients](#) with colon cancer (stages I to III) who underwent curative resection for colon adenocarcinoma between 2007 and 2014 at a single comprehensive [cancer](#) center.

The researchers found that patients with normal preoperative CEA had 7.4 percent higher three-year recurrence-free survival (RFS) versus the combined cohorts with elevated preoperative CEA ( $P = 0.01$ ), although they had RFS similar to that of patients with normalized postoperative CEA ( $P = 0.86$ ). Patients with elevated postoperative CEA

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