

Implication of microsatellite instability pathway in outcome of colon cancer in Moroccan population

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ABSTRACT

Tumors with microsatellite instability (MSI tumors) have distinct clinico-pathological features. However, the relation between these tumor subtype and survival in colon cancer remains controversial. The aim of this study was to evaluate the overall survival (OS) in patients with MSI phenotype, in FES population. *Methods.* The expression of MMR proteins was evaluated by Immunohistochemistry for 330 patients. *BRAF*, *KRAS* and *NRAS* mutations were examined by Sanger sequencing and Pyrosequencing methods. Association of MSI status with patient's survival was assessed by Kaplan–Meier method and log-rank test. *Results.* Mean age was 54.6 years (range of 19-90 years). The MSI status was found in 11.2% of our population. MSI tumors were significantly associated with male gender, younger patients, stage I-II, right localization and a lower rate of lymph node and distant metastasis. The OS tend to be longer in MSI tumors than MSS tumors (109.71 versus 74.08), with a difference close to significance ($p= 0.05$). *Conclusion.* Our study demonstrates that MSI tumors have a particular clinicopathological features. The results of survival analysis indicate that MSI status was not predictive of improved overall survival in our context with a lower statistical significance ($P=0.05$) after multivariate analysis. *Key words:* Colon cancer. Microsatellite instability. Overall survival.

Biography

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