PATIENT
EXAMPLE-CRC-01
REPORT DATE
17-Sep-2025

Gender: Female | Birth year: 1946 | WHO: 0

Tumor: Colorectum (cecum) carcinoma | Lesions: Lung, Peritoneal | Stage: IV

Clinical summary

Relevant systemic treatment history None

Relevant other oncological history 11/2021 Hemicolectomy right (Cecum)

Previous primary tumor Skin squamous cell carcinoma (diagnosed 6/2016, last treatment 8/2016, considered

non-active)

Relevant non-oncological history 1/2019 Cerebrovascular accident

Standard of care options considered potentially eligible

Treatment	Literature efficacy evidence	Real-world efficacy evidence Warnings	
FOLFIRI	PHASE-3-CRC		
	PFS : 10.0 months (95% CI: 10.0-12.0)	PFS: 13.3 months, IQR: 12.6	
	OS: 25.0 months (95% CI: 25.0-30.0)	OS: 22.2 months, IQR: 24.8	

Trials in NL that are open and potentially eligible (1 cohort from 1 trial)

Trial	Cohort	Molecular	Sites	Warnings
KRAS-G12D-	KRAS G12D	KRAS G12D	UMC Utrecht	
TRIAI				

Trials matched solely on molecular event and tumor type (no clinical data used) are shown in italicized, smaller font.

PATIENT EXAMPLE-CRC-01

REPORT DATE 17-Sep-2025

Molecular Details

NGS & MSI Panel (15-Jan-2023)

Biopsy location Lung

Tumor mutational burden TMB 8 mut/Mb

Microsatellite (in)stability Stable

Driver mutations KRAS G12D

IHC results

Ki67 Positive, score 90%

PD-L1 Score < 50%

REPORT DATE 17-Sep-2025

Efficacy evidence

Standard of care options considered potentially eligible

The following standard of care treatment(s) could be an option for this patient. For further details per study see 'SOC literature details' section in extended report.

Treatment	Literature efficacy evider	nce
FOLFIRI	PHASE-3-CRC	
	Patient characteristics:	
	WHO/ECOG	0: 100, 1: 80, 2: 20, 3: 0, 4: 0
	Primary tumor location	Left: 145, Both or unknown: 10, Right: 45
	Mutations	KRAS exon 2 wild-type 200/200
	Metastatic sites	Liver only: 58 (32.0%), Lung only: 10 (6.0%)
	Previous systemic therap	by 35/200
	Prior therapies	Adjuvant chemotherapy
	Median PFS:	10.0 months (95% CI: 10.0-12.0)
	Median OS:	25.0 months (95% CI: 25.0-30.0)

Treatment decisions (percentage of population assigned to systemic treatment) in NCR real-world data set

	All (n=9207)	Age 73-83y (n=2727)	WHO 1 (n=2828)	RAS positive (n=2760)	Liver only lesions (n=2715)
FOLFIRI	38.5%	23.8%	37.9%	44.6%	39.5%
Median overall survival (OS)	in months in NCR real-world data	set			
	All (n=9207)	Age 73-83y (n=2727)	WHO 1 (n=2828)	RAS positive (n=2760)	Liver only lesions (n=2715)
FOLFIRI	16.1 , IQR: 18.2	15.4 , IQR: 18.2	14.8 , IQR: 16.3	15.8 , IQR: 14.2	16.5 , IQR: 17.4
	(n=3543)	(n=649)	(n=1071)	(n=1230)	(n=1073)

PATIENT
EXAMPLE-CRC-01

REPORT DATE 17-Sep-2025

Median progression-free survival (PFS) in months in NCR real-world data set

	All (n=5018)	Age 73-83y (n=1330)	WHO 1 (n=1623)	RAS positive (n=1822)	Liver only lesions (n=1534)
FOLFIRI	8.2 , IQR: 5.5	8 , IQR: 6.1	7.9 , IQR: 5	8 , IQR: 4.7	8.3 , IQR: 5.3
	(n=2106)	(n=340)	(n=661)	(n=836)	(n=652)

Explanation:

These tables only show treatments that are considered standard of care (SOC) in colorectal cancer in the Netherlands.

The 'All' column shows results in NCR patients who were previously untreated, diagnosed with colorectal cancer with distant metastases and treated systemically without surgery, for whom the treatment could be categorized in SOC treatments.

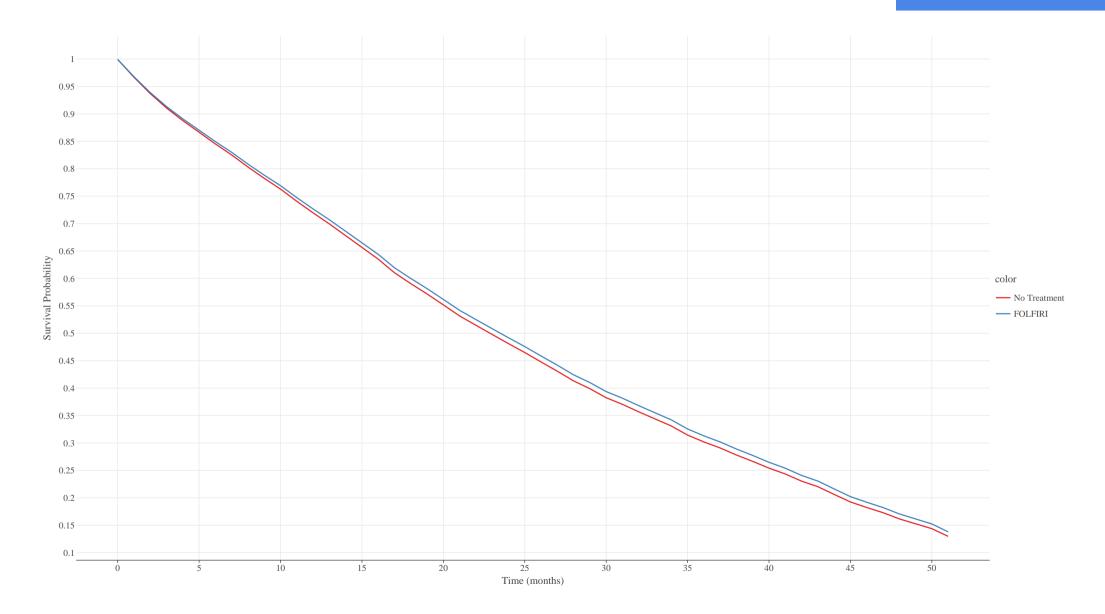
The 'Age', 'WHO', 'RAS' and 'Lesions' columns show results based on patients from the 'All' population, filtered for equal WHO, similar age, equal RAS status or equal lesion localization, respectively.

'PFS' is calculated as the duration from the date on which the first compound of the treatment was administered, until first progression.

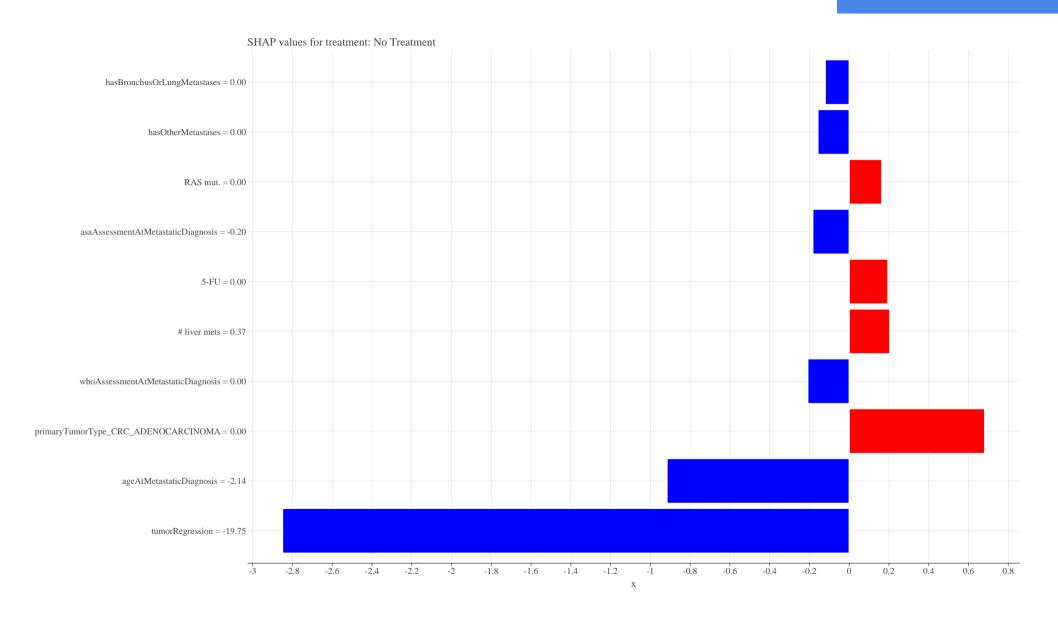
'OS' is calculated as the duration from the date on which the first compound of the treatment was administered, until death from any cause.

When patient number is too low (n \leq 20) to predict PFS or OS, "NA" is shown.

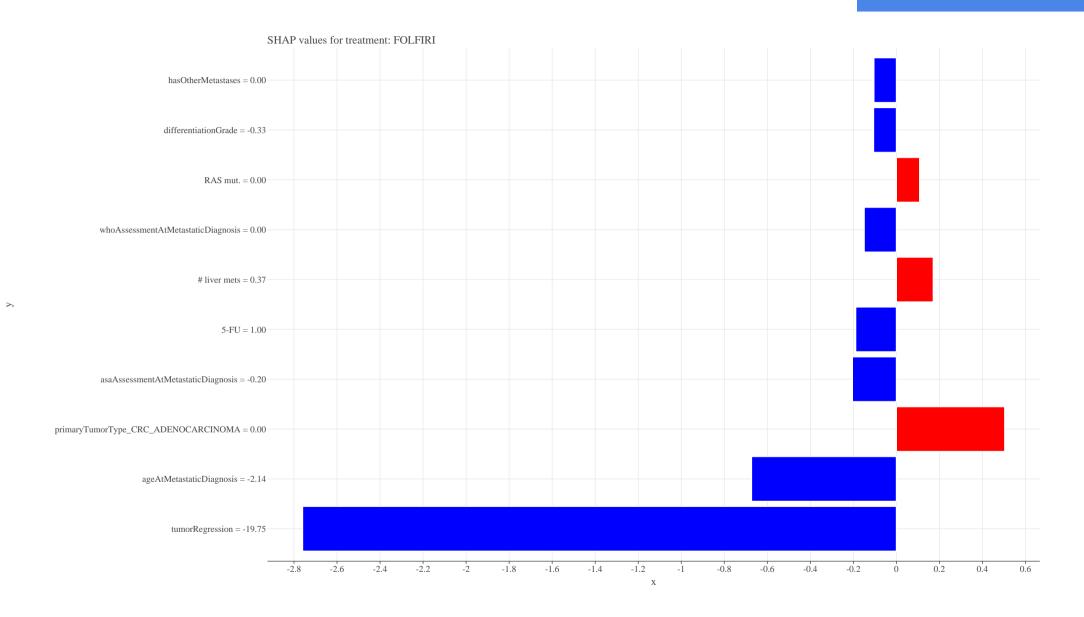
17-Sep-2025



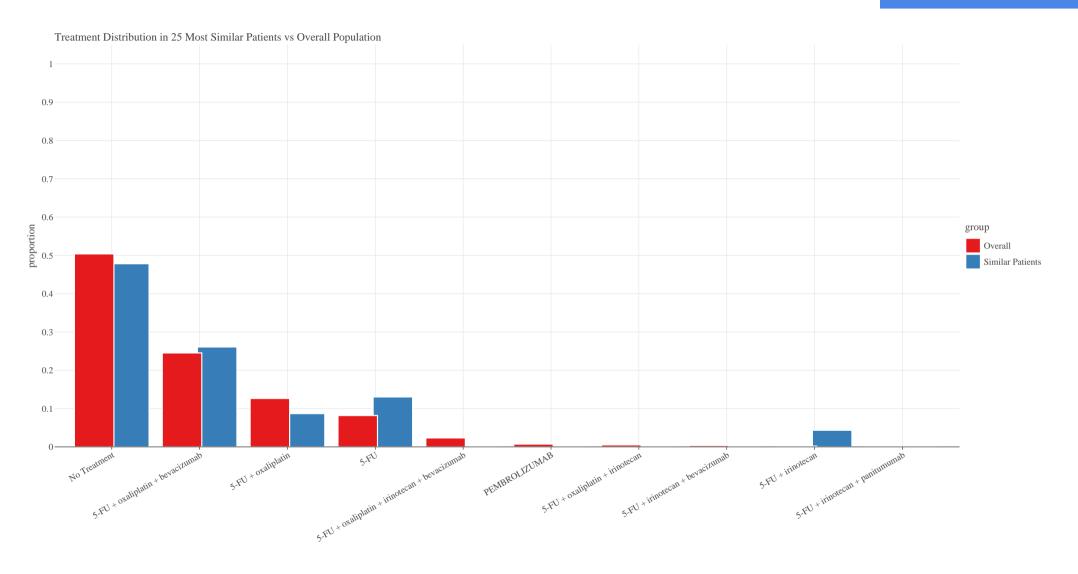
17-Sep-2025



PATIENT
EXAMPLE-CRC-01
REPORT DATE
17-Sep-2025



17-Sep-2025



treatment

PATIENT EXAMPLE-CRC-01 REPORT DATE 17-Sep-2025

Resistance evidence

Treatment	Mutation	Evidence source	Evidence level	Found in molecular analysis
FOLFIRI	GENE S11C	[1]	D	Yes

PATIENT

EXAMPLE-CRC-01

REPORT DATE

17-Sep-2025

Clinical Details

Clinical summary

Relevant systemic treatment history None

Relevant other oncological history 11/2021 Hemicolectomy right (Cecum)

Previous primary tumor Skin squamous cell carcinoma (diagnosed 6/2016, last treatment 8/2016, considered

non-active)

Relevant non-oncological history 1/2019 Cerebrovascular accident

Patient current details (05-Mar-2023)

Unresolved toxicities grade => 2 None

Cancer-related complications Unknown

Known allergies Morphine

Recent surgeries 12-Nov-2021 Hemicolectomy right

Tumor details (05-Mar-2023)

Measurable disease Yes

Known lesions Lung, Peritoneal Unknown lesions Lymph node

No lesions present CNS, Brain, Liver, Bone

Active medication details

Medication Administration route Start date Stop date Dosage Frequency

None

Blood transfusions

Product Date

ERTHROCYTES_FILTERED 10-Jan-2023

REPORT DATE 17-Sep-2025

Other Trial Matching Results

Trials and cohorts that are potentially eligible, but are closed (2)

Dose expansion - monotherapy

Dose expansion - monotherapy - NSCLC

Trial	Cohort	Molecular	Sites	Warnings
METC 01 IEMOEN	Applies to all cohorts below	None		Has not exhausted SOC
	Dose escalation - monotherapy			

Trials and cohorts that are considered ineligible (2)

Trial	Cohort	Molecular	Ineligibility reasons
METC 02 KAYRAS	Applies to all cohorts below	KRAS G12D	PD-L1 expression below minimum of 50.0
	Dose expansion - monotherapy - Colorectum		

Trials and cohorts that are not evaluable or ignored (0)

Trial	Cohort	Molecular	Sites	Configuration
IIIai	Conort	Wolecular	Sites	Configuration

No lung non-small cell carcinoma

PATIENT

EXAMPLE-CRC-01

REPORT DATE

17-Sep-2025

Trial Matching Details

Other trials & cohorts

METC 02

Potentially eligible No

Acronym KAYRAS

Title A phase 1/2 trial for first in-human usage of KAYRAS, a new specific KRAS G12D inhibitor in NSCLC and

colorectal cancer

Reference Evaluation

I-05 FAIL

PD-L1 expression below minimum of 50.0

METC 02 - Dose expansion - monotherapy - NSCLC

Cohort ID A

Potentially eligible? No

Open for inclusion? Yes
Has slots available? Yes

Reference Evaluation

I-02 FAIL

No lung non-small cell carcinoma

METC 02 - Dose expansion - monotherapy - Colorectum

Cohort ID B
Potentially eligible? No
Open for inclusion? Yes
Has slots available? Yes

METC 01

Reference

Potentially eligible Yes
Acronym IEMOEN

Title Phase I first-in-human study to evaluate safety of IEMOEN, a new PD-L1 inhibitor in advanced solid tumors

I-03 WARN

Has not exhausted SOC

Evaluation

E-01 PASS

Has no other condition belonging to category autoimmune disease

E-02 PASS

Hemoglobin above 6 mmol/L

E-03 PASS

Neutrophils above 1.5

PATIENT EXAMPLE-CRC-01

REPORT DATE 17-Sep-2025

Reference	Evaluation
I-01	PASS
	Patient is at least 18 years old
I-02	PASS
	Has solid primary tumor
	Stage IV is considered metastatic

METC 01 - Dose escalation - monotherapy

Cohort ID Potentially eligible? Open for inclusion? No Has slots available? No

METC 01 - Dose expansion - monotherapy

Cohort ID Potentially eligible? Yes Open for inclusion? No Has slots available? No