PATIENT

EXAMPLE-CRC-01

REPORT DATE

17-Sep-2025

Summary

Clinical summary

Gender (birth year, WHO) Female (1946, WHO 0) Stage IV
Tumor Colorectum (cecum) carcinoma DPYD N/A
Lesions Lung, Peritoneal UGT1A1 N/A

Measurable (RECIST) Yes

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

Recent molecular results [KRAS G12D (0.0/0.0 copies), NRAS: No reportable events, BRAF: No reportable

events, HER2: No reportable events], MSS

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	
TDIAI				

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

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SOC personalized real-world evidence annotation

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 surv	vival (OS) in months in N	ICR 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 (n=3543)	15.4 , IQR: 18.2 (n=649)	14.8 , IQR: 16.3 (n=1071)	15.8 , IQR: 14.2 (n=1230)	16.5 , IQR: 17.4 (n=1073)
Median progressio	n-free survival (PFS) in r	months in NCR real-worl	ld 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 (n=2106)	8 , IQR: 6.1 (n=340)	7.9 , IQR: 5 (n=661)	8 , IQR: 4.7 (n=836)	8.3 , IQR: 5.3 (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.

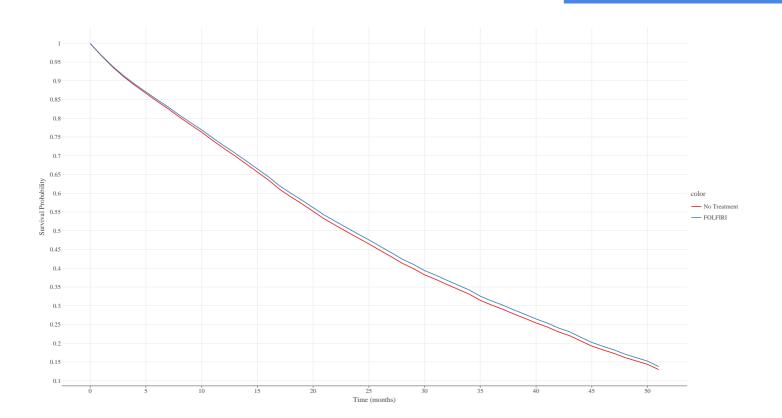
'OS' is calculated as the duration from the date on which the first compound of the treatment was administered, until death from any cause.

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

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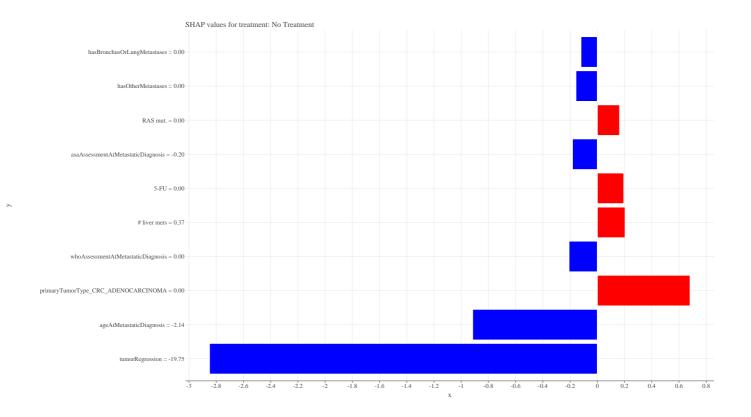
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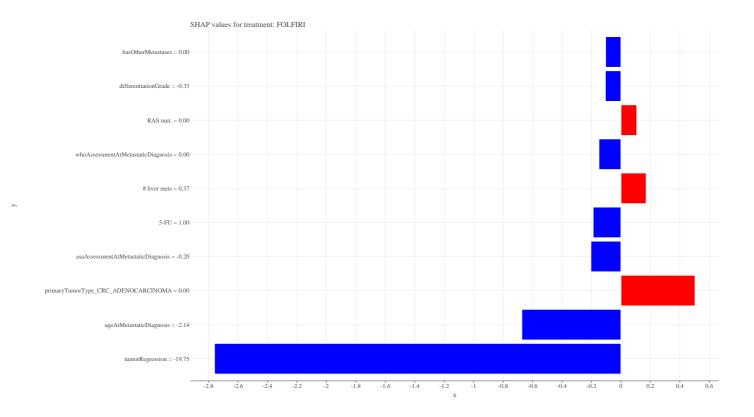
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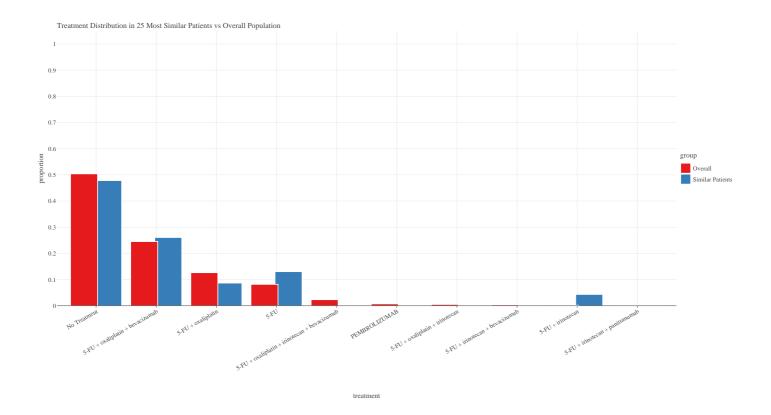
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Resistance evidence

Resistance evidence

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

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SOC literature 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 eviden	ce
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	y 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)

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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

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SOC literature details

PHASE-3-CRC

Study: PHASE-3-CRC, Phase III, Adjuvant

Molecular requirements: None

Therapies: FOLFIRI+Cetuximab, FOLFIRI

Patient characteristics:

	Cetuximab + FOLFIRI (n=100)	FOLFIRI (n=200)	
Age (median [range])	65.0 [40-75]	65.0 [30-75]	
Sex	Male: 50	Male: 120	
	Female: 50	Female: 80	
Race	NA	NA	
Region	Europe: 100 patients	Europe: 200 patients	
WHO/ECOG	0: 80, 1: 10, 2: 10, 3: 0, 4: 0	0: 100, 1: 80, 2: 20, 3: 0, 4: 0	
Primary tumor location	Left: 78	Left: 145	
	Both or unknown: 3	Both or unknown: 10	
	Right: 19	Right: 45	
Mutations	KRAS exon 2 wild-type 100/100	KRAS exon 2 wild-type 200/200	
Metastatic sites	Liver only: 62 (62.0%), Lung only: 4 (4.0%)	Liver only: 58 (32.0%), Lung only: 10 (6.0%)	
Time of metastases	Unknown	Unknown	
Previous systemic therapy	30/100	35/200	
Prior therapies	Adjuvant chemotherapy	Adjuvant chemotherapy	

Primary endpoints:

Cetuximab + FOLFIRI **FOLFIRI** Hazard ratio (HR) / Odds Ratio (OR) P value

Median follow-up for PFS was 70 months

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Secondary endpoints:

	Cetuximab + FOLFIRI	FOLFIRI	Hazard ratio (HR) / Odds Ratio (OR	P value
Median Overall Survival (95% CI)	35.0 (25.0 - 40.0)	25.0 months (25.0 - 30.0)	0.75 (0.6 - 0.95)	p = 0.011
Median Progression-Free Survival (95% CI)	10.0 (10.0 - 12.0)	10.0 months (10.0 - 12.0)	0.99 (0.8 - 1.25)	p = 1

Median follow-up for PFS was 70 months

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Other Trial Matching Results

Trials and cohorts that are potentially eligible, but are closed (0)

Trial Cohort Molecular Sites Warnings

None

Trials and cohorts that are considered ineligible (2)

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

Dose expansion - monotherapy - Colorectum

Dose expansion - monotherapy - NSCLC No lung non-small cell carcinoma

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

Trial Cohort Molecular Configuration Sites

None

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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 FAII

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

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

Reference Evaluation

I-03 WARN

Has not exhausted SOC

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

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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