

● ON TREATMENT

Cycle 3 of FOLFIRI + cetuximab rechallenge

Cycle 4 due 30 Sep 2026 · CT after Cycle 5

STAGE

IV

Metastatic

CEA

50.9

ug/L · 14 Sep 26 · ref 0–5.2

CYCLE

3

of this block · 15th FOLFIRI+cetux overall

WHO PS

0

Fully active · 24 Aug 26

PD-L1

<1%

TPS · negative

DIAGNOSIS

Moderately differentiated adenocarcinoma, rectosigmoid colon

ypT4a ypN1b (3/24 nodes) M1a V+ · Treatment began Dec 2021; primary resected Mar 2022

Where it is now: Lungs · mediastinal lymph nodes · liver segment VII (new, Jul 2026)

- Smouldering myeloma (diagnosed end of 2021, under haematology surveillance)
- Gilbert's syndrome (can raise bilirubin)

MOLECULAR PROFILE

EXACTA report, 1 Sep 2025

KRAS/NRAS wild-type

BRAF wild-type

pMMR / MSS

HER2 IHC 0

TMB-low · 3 Mut/Mb

PD-L1 <1% (22C3, 28-8)

APC p.S1415Rfs*4

Pathogenic

Frameshift · tissue MAF 8.5% · cfDNA 0.62%

TP53 p.R342*

Pathogenic

Nonsense · tissue MAF 9.21%

PTEN reported, not specified

To Confirm

Named in my oncology letters. Exact variant, allele fraction and classification not in my records yet

VUS: RUNX1T1, FANCM, CIC, BCR, CYP2D6. Exploratory (Astron/ICO): MTOR and VEGFR1/2 protein positivity, HMGB1 overexpression

CURRENT TREATMENT

14 days cycles

FOLFIRI + cetuximab (rechallenge, 3rd block)

C1

C2

C3

C4

C5

19 Aug 26

2 Sep 26

16 Sep 26

30 Sep 26

TBC

Cetuximab

500 mg/m²

1000 mg

Irinotecan

180 mg/m²

400 mg

5-FU bolus

400 mg/m²

900 mg

5-FU infusion (46h)

2400 mg/m²

5000 mg

Folinic acid

350 mg

Full doses, dose-banded · BSA 2.08 m² (84.5 kg, 185 cm, 16 Sep 26)

Plan: 8–12 weeks, then consider maintenance 5-FU + cetuximab if response is good. CT after Cycle 5.

CEA TUMOUR MARKER

ug/L

85.4

11.4

normal =5

15.8

146

50.9

May 25

Nov 25

May 26

Sep 26

FOLFIRI + cetuximab blocks · 19 readings, Apr 2025 – Sep 2026

KEY BLOODS

14 Sep 2026

Haemoglobin

133 g/L

White cells

6.64 ×10⁹/L

Neutrophils

3.99 ×10⁹/L

Platelets

289 ×10⁹/L

ALT

26 U/L

AST

26 U/L

ALP

179 U/L

Bilirubin

13 μmol/L

Albumin

43 g/L

Globulin

37 g/L

Creatinine

75 μmol/L

Magnesium

0.89 mmol/L

Potassium

4.2 mmol/L

GGT

22 U/L

LATEST IMAGING

23 Jul 2026 · CT chest, abdomen & pelvis

Progression above and below the diaphragm, and a new liver metastasis

CT report 23 Jul 2026, compared with May 2026

Before that: 12 May 2026, CT chest, abdomen & pelvis: “Good response to treatment within the mediastinum and lungs.”

TREATMENT HISTORY

Dec 21–Feb 22

Neoadjuvant XELOX ×4 · good partial response

Mar–Oct 22

Primary resected · liver met resected (RO) · adjuvant CAPOX

Oct 22–Apr 23

Lung mets appear, progress · SABR 55 Gy/5

Jun & Aug 24

Lung ablations (1 left, then 1 left + 4 right)

Feb 25

EBUS confirms mediastinal nodal disease

Apr–Jul 25

FOLFIRI + cetuximab ×6 · good partial response

Feb–May 26

Rechallenge ×6 · excellent partial response

Jul–Aug 26

Progression during the break · FOLFIRI + cetuximab restarted 19 Aug

MEDICATION & PROTOCOL

Current meds · 17 Sep

CHEMO DAY

Standard pre-meds (Akynzeo, dexamethasone, chlorphenamine, atropine) · pegfilgrastim 24h after

SUPPORTIVE

Dexamethasone ×3 days · domperidone · loperamide · doxycycline + Plazon (skin) · Laxido · antihistamine · zopiclone PRN

OTHER

Citalopram 30 mg (breakfast) · melatonin 60 mg (evening) · loratadine 10 mg

PAUSED

Mistletoe and most supplements / off-label drugs, during chemo on my oncologist's advice

WHAT I'M LOOKING INTO

- BNT314 + pumitamic (BNT327) + chemo · MSS/pMMR mCRC
- Botensilimab + balstilimab · pre-treated MSS CRC
- WNT/β-catenin-targeted: ST316 (NCT05848739, phase 1–2) · tegavivint

Know this profile? Patients with similar disease, oncologists, scientists and geneticists — I want to hear from you. Not generic advice, please.

Live, fuller version: fcancerwith.ai/open-source-me · Contact: russreadbarrow@gmail.com

Compiled by me from my own clinical records (organised in NotebookLM, checked against the source documents). This is my data, shared openly. It is not medical advice. Version 2026-09-17.