Personalized Cancer Treatment Report

Prepared for Russ on 17/09/2026

Hello Russ, this report is designed to help you understand your diagnosis and treatment options. Please review it with your healthcare team to make informed decisions about your care.

Beta Feature: PDF export is a new feature and we are actively working to improve it. For the most accurate and up-to-date version of your report, please refer to your dashboard at platform.radicalhealth.ai.

Your Case History

Based on the information provided, you are a 43 year old male diagnosed with colorectal cancer, moderately differentiated adenocarcinoma, in 2021. Russ, your cancer is stage IV. Surgery found cancer through the bowel wall and in 3 of 24 nearby lymph nodes. It has spread to the liver, both lungs, and lymph nodes in the chest. You remain fully active overall, and your kidney and key liver functions are preserved. Other health issues include smoldering multiple myeloma, mild anemia, and nerve damage from oxaliplatin. You received four cycles of XELOX from December 2021 to February 2022. You had bowel surgery on March 28, 2022, liver surgery on June 30, 2022, and three more XELOX cycles by October 2022. Lung tumors were treated with focused radiation in April 2023 and ablation in June and August 2024. A February 2025 biopsy confirmed cancer in chest lymph nodes. Six cycles of FOLFIRI plus cetuximab from April to July 2025 gave a good partial response. After the cancer grew during a break, another six cycles from February to May 2026 gave an excellent partial response and relieved chest symptoms. The cancer grew again during the May to August 2026 treatment break. A July 2026 scan summary reported more cancer in the lungs and chest lymph nodes, along with cancer returning in the liver. FOLFIRI plus cetuximab restarted on August 19, 2026. Your CEA fell from 146.0 to 50.9 ug/L between September 1 and September 14, which is encouraging, but a scan is still needed to confirm the response. Treatment causes marked fatigue, constipation, and a cetuximab rash during the first week of each cycle, followed by recovery during the second week. The current goal is to control the cancer while protecting your activity and quality of life. By matching your unique profile with real-world outcomes from the world's leading cancer centers and the frontier of research, this personalized report identifies the treatment approaches that are likely to prove most successful for patients just like you.

This report reflects the most up-to-date national guidelines and research, tailored to your health history and diagnosis.

Understanding Your Cancer

How Your Cancer Behaves

Your cancer started in the rectosigmoid part of the bowel and has spread to the liver, both lungs, and lymph nodes in the chest. It has behaved aggressively because it has returned in several places and has grown over periods of a few months when treatment was paused. It has also repeatedly shrunk with FOLFIRI plus cetuximab. In January 2026, cancer in the chest severely narrowed an airway in the left upper lung, and the July 2026 report showed renewed growth in the chest and liver.

What Determines Your Treatment

The specific factors that shape how your cancer behaves and which treatments work best for you.

Cancer Spread

Imaging • Your Results

Measurable lung, chest lymph node, and recurrent liver metastases

Cancer is present in several distant areas, so drug treatment that reaches the whole body is the main approach. Surgery, ablation, or focused radiation may still be reviewed for selected spots by a specialist team.

Source: Medical Records

Tumor Gene Profile

Biomarker • Your Results

KRAS/NRAS/BRAF wild-type; APC and TP53 mutations; HER2-negative; no NTRK or RET fusions

The RAS wild-type result supports treatment with cetuximab, which has already worked for you. The current panel did not find BRAF V600E, HER2, NTRK, or RET changes that point to other matched drugs.

Source: Medical Records

Immune Therapy Markers

Biomarker • Your Results

MMR-proficient, MSI-stable, and TMB-low

These results do not show the tumor features that predict strong benefit from standard single-drug checkpoint immunotherapy in colorectal cancer.

Source: Medical Records

Irinotecan Metabolism

Biomarker • Your Results

***28/*28 poor metabolizer**

This raises your risk of serious irinotecan side effects, especially low white blood cells and diarrhea. Dose choices, symptoms, and blood counts should be watched closely.

Source: Medical Records

Inherited Cancer Testing

Biomarker • Worth Discussing

Because you developed colorectal cancer before age 50 and report a family history of cancer, genetic counseling and an inherited multigene test are worth discussing. Tumor testing does not replace inherited testing.

Treatments to Consider

Assessment of Your Current Treatment

Current Treatment: FOLFIRI Plus Cetuximab Rechallenge

Your current treatment follows guidelines, but irinotecan dosing needs careful review because of your UGT1A1 *28/*28 result.

Russ, your left-sided, RAS/BRAF wild-type colorectal cancer has responded well to this treatment twice. The

CEA fall after restarting on August 19, 2026 is encouraging, but only CT imaging can confirm benefit. Your UGT1A1 *28/*28 result raises irinotecan toxicity risk, so dose records and close monitoring matter. Because you developed colorectal cancer young and have family history, inherited-cancer testing is still recommended.

Next Steps:

Confirm your irinotecan dose and ask how blood counts, diarrhea, constipation, rash, hydration, and magnesium will be checked. Plan CT imaging after four to six cycles and discuss inherited cancer testing for you and your family.

Compare Your Options

At a glance

Currently Planned

Continue Combination Chemotherapy & Targeted Antibody Therapy

Best if you prioritize stronger cancer control over first-week fatigue, constipation, pump use, and higher irinotecan toxicity risk.

This offers stronger ongoing cancer control than maintenance or comfort care, with your falling CEA suggesting early benefit. It causes more fatigue, constipation, pump time, and rash; your UGT1A1 result raises irinotecan toxicity risk.

Option 2

Targeted Antibody Maintenance After Disease Control

Best if you prioritize fewer severe side effects over the strongest cancer control from full combination treatment.

This may control cancer slightly less than full treatment, but more than comfort care, after scans confirm control. It usually causes fewer severe problems and avoids chemotherapy fatigue, but your cetuximab rash may continue.

Option 3

Stop Cancer Treatment & Focus on Comfort

Best if you prioritize comfort and family time over cancer control and longer survival from active treatment.

This provides the least cancer control and shorter survival than active treatment, because anticancer drugs stop. It removes treatment fatigue, constipation, pump visits, and new rash, allowing more focus on comfort and family.

Explore Each Option

See medical details, administration schedules, and clinical evidence for each option

Currently Planned Continue Combination Chemotherapy & Targeted Antibody Therapy

In Your Case: Your left-sided, RAS/BRAF wild-type colorectal cancer responded twice before, and your CEA has fallen again since treatment restarted.

Treatment Details:

FOLFIRI (irinotecan, leucovorin, fluorouracil) + cetuximab CT response assessment continue, reduce, maintain, or switch based on results.

How It Works

FOLFIRI damages fast-growing colorectal cancer cells, while cetuximab blocks a growth signal that works best when RAS and BRAF are unchanged. Lower irinotecan dosing can reduce harmful drug buildup caused by your UGT1A1 result while keeping treatment active against the cancer.

What to Expect

Every two weeks, you receive treatment in an outpatient center, then take a fluorouracil pump home for about two days. CT imaging follows after about four to six cycles. Treatment then continues, pauses, or changes based on response and side effects.

Benefits

- In a first-treatment trial, tumors shrank in about 57 out of 100 people, versus 40 out of 100 with FOLFIRI

alone. Shrinkage can ease cancer symptoms and support daily activity. This study was earlier-line, so it cannot predict your exact repeat-treatment result.

- In that trial, the median time before colorectal cancer grew was about 10 months, versus 8 months with FOLFIRI alone. Longer control may protect breathing and activity. Your benefit should be confirmed by CT after four to six cycles.

Risks to Consider

- Serious irinotecan toxicity (low white cells, diarrhea, or extreme tiredness): among poor metabolizers, severe problems occurred in about 30 out of 100 people starting near 70% dosing. This rose to about 78 out of 100 with full dosing. Problems can stop normal activities or require hospital care. Lower doses, blood checks, treatment holds, fluids, and medicines usually help recovery.
- Skin rash and itching (acne-like rash and pruritus): skin changes occur in about 80 out of 100 people. Severe rash occurred in about 21 out of 100 in pooled chemotherapy-plus-cetuximab trials. Your existing rash may continue. Creams, sun protection, antibiotics, or dose breaks often help, but rash can affect sleep and confidence.
- Reduced fertility (lower sperm production): the exact out-of-100 risk with FOLFIRI is unknown. The effect can be moderate or severe, temporary or permanent. It may affect your ability to have children. Your care team can discuss sperm testing or storage, although you have already received treatment.

Clinical Guideline Reference: National Cancer Standards for Colorectal Cancer, Category 2A

Option 2 Targeted Antibody Maintenance After Disease Control

In Your Case: Your cancer repeatedly responded to cetuximab, while irinotecan causes fatigue and carries extra risk from your UGT1A1 *28/*28 result.

Treatment Details:

FOLFIRI (irinotecan, leucovorin, fluorouracil) + cetuximab response ▒ cetuximab monotherapy maintenance ▒ treatment change if colorectal cancer progresses.

How It Works

Cetuximab keeps blocking a growth signal used by your RAS and BRAF wild-type colorectal cancer, without irinotecan or fluorouracil chemotherapy. Removing chemotherapy may reduce fatigue, bowel problems, and low blood counts, while keeping some pressure on colorectal cancer cells between scans.

What to Expect

This option starts only after CT confirms that your cancer has shrunk or remained stable. You receive

cetuximab alone at an outpatient center, often every two weeks, without a home pump. Treatment continues until cancer grows or side effects outweigh the benefit.

Benefits

- In ERMES, cetuximab-only maintenance kept cancer controlled for a median 10 months, versus about 12 months with full treatment. It may preserve function with less chemotherapy. However, it was not proven equal to continued full treatment.
- Severe treatment problems occurred in about 20 out of 100 people during cetuximab maintenance, versus 35 out of 100 continuing full treatment. Fewer severe problems may provide more usable days after initial treatment.

Risks to Consider

- Skin rash and itching (acne-like rash and pruritus): skin changes occur in about 80 out of 100 people. Severe rash occurred in about 21 out of 100 in pooled chemotherapy-plus-cetuximab trials. Your existing rash may continue. Creams, sun protection, antibiotics, or dose breaks often help, but rash can affect sleep and confidence.
- Low magnesium (hypomagnesemia): in one small colorectal study, severe cases occurred in about 27 out of 100 people. Risk increased with longer treatment. It can cause weakness, cramps, or heart rhythm problems. Blood tests and magnesium replacement help, and levels often improve about four weeks after stopping.

Clinical Guideline Reference: National Cancer Standards for Colorectal Cancer, Category 2A

Option 3 Stop Cancer Treatment & Focus on Comfort

In Your Case: You can choose this anytime, but your strong function, preserved organs, treatment response, and preference favor active therapy now.

Treatment Details:

Stop FOLFIRI (irinotecan, leucovorin, fluorouracil) and cetuximab ▒ specialist palliative care focused on comfort, function, and family goals.

How It Works

Stopping anticancer drugs ends direct treatment against your colorectal cancer, while symptom-focused care treats pain, breathing trouble, nausea, and anxiety. Your care team shifts time toward comfort, function, family goals, and planning, with medicines or procedures chosen only for symptom relief.

What to Expect

You would stop chemotherapy, cetuximab, the home pump, and routine treatment visits. Care can happen at home, in clinics, or in hospital when needed. Support continues for as long as you need it, with visits based on your symptoms and goals.

Benefits

- Everyone choosing this approach receives no further chemotherapy or cetuximab doses. This removes new dose-related fatigue, bowel problems, low blood counts, and rash. Existing effects may improve over days to weeks, leaving more time for family and normal routines.
- ASCO based its updated guidance on 52 studies and recommends specialist symptom care for advanced cancer. This care can improve comfort, coping, communication, and planning throughout your illness.

Risks to Consider

- Shorter survival (loss of cancer control): in a historical colorectal trial, about 14 out of 100 people receiving supportive care alone were alive at one year. This compared with 36 out of 100 receiving irinotecan. This severe risk is not fully reversible if your health declines. These older numbers are not your personal forecast.
- Worsening cancer symptoms (symptom progression): the exact number out of 100 varies with cancer location and growth speed. Symptoms may range from mild to severe, including cough, breathlessness, pain, or weakness. Medicines and procedures can often ease them, but they do not usually stop cancer growth.

Clinical Guideline Reference: National Cancer Standards for Colorectal Cancer, Category 2A

Managing Side Effects

Russ, these are the side effects most relevant to you right now, along with practical tips to help you manage them. We reviewed your medical records to personalize this for you.

- **Low energy:** About 5 in 10 people with cancer experience fatigue. Yours is strongest early in each cycle and usually improves later, which is reassuring. Plan lighter days after infusion, take a gentle walk after breakfast, and rest before you feel drained.
- **Constipation:** Usually manageable, constipation affects about 6 in 10 people with cancer, and you already notice it early in each cycle. Start your agreed laxative plan on infusion evening, drink water with meals, and pause laxatives if loose stools begin. Call promptly for worsening belly pain, vomiting, or trouble passing gas.
- **Skin rash:** Usually manageable, cetuximab skin changes affect about 8 in 10 people, and your rash and itching fit

this pattern. Use fragrance-free moisturizer each morning and evening, then apply broad-spectrum sunscreen before going outside. Contact your oncology team early for painful, crusted, spreading, or infected-looking areas.

Side effects are a normal part of treatment, and most can be managed effectively with the right support. Alice, your Oncology Navigator, is perfect for side effect questions and is here for you 24/7 via dashboard or SMS. The whole Radical Health team is in your corner.

Clinical Trials

Understanding clinical trials

Every trial lists detailed eligibility rules about age, cancer type, prior treatments, lab values, and other health factors. These rules keep participants as safe as possible and make sure the results are scientifically reliable. If someone does not meet the criteria, the study team cannot enroll them because doing so could place that person at risk or blur the study's findings.

We review dozens of studies to highlight the trials that best match your diagnosis and history.

No matching trials found

We didn't find trials that specifically align with your diagnosis, treatment history, and other factors at this time.

We're actively working to improve our trial recommendations. Please discuss potential clinical trial opportunities with your oncologist, who may have access to additional trials not yet in our system.

Questions for Your Doctor

Here are important questions to discuss with your oncologist or care team:

1. I am a UGT1A1 *28/*28 poor metabolizer; what irinotecan dose am I receiving, how was it adjusted for this result, and what blood-count, diarrhea, and treatment-hold thresholds will you use to prevent serious toxicity?
2. I have repeatedly responded to FOLFIRI plus cetuximab but then progressed during complete treatment breaks; should I instead use cetuximab-only maintenance after CT-confirmed control, and how would that affect disease control and quality of life?

3. I previously had severe narrowing of an airway from chest disease; when will I have CT imaging to confirm response after restarting treatment, and what symptoms or scan findings would prompt urgent bronchoscopy, radiation, ablation, or another local treatment?
4. I take several supplements and off-label drugs; can an oncology pharmacist review my complete list, doses, and timing for interactions with irinotecan, fluorouracil, cetuximab, and my existing anemia and smoldering multiple myeloma?
5. I was diagnosed at age 43 and have a family history of cancer; have I had germline multigene testing rather than tumor-only testing, and could the results change my treatment, screening, or recommendations for relatives?

Your Next Steps

Why Personalized Treatment Matters

Every cancer is unique, with specific biological characteristics that can influence how it responds to treatment. Understanding these individual factors—such as your cancer's molecular profile, stage, and your overall health—can help inform more tailored treatment approaches. This report provides educational information about treatment options based on current medical guidelines and research. We encourage you to review this information with your oncologist to discuss which approaches may be most appropriate for your specific situation. **Your cancer is personal; your treatment must be too.**

Be an Informed Advocate

Your oncologist is your expert partner in navigating cancer treatment. Effective partnership means showing up informed, asking questions, and sharing what matters most to you. **Being informed is how you advocate.** This report equips you with information to support those conversations, helping you understand treatment approaches and prepare relevant questions. Advocating for yourself means being an active participant in decisions about your care, working alongside your healthcare team to find the approach that's right for you. Always discuss this information with your oncologist.

Action Items for You

1. Upload the full July 2026 CT report. Its tumor sizes can serve as a clear baseline for your next scan.
2. Consider using your care team's approved constipation plan each day from infusion day through day 7 of every

FOLFIRI cycle.

3. Ask: “Because UGT1A1 *28/*28 means my body clears irinotecan slowly, what exact dose will I get, and when would you lower or hold it?”

Important Disclaimer: While this report draws from extensive medical literature and guidelines, it does not provide medical advice. These results are intended to support conversations with your healthcare provider.

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