

ON
TREATMENT

Cycle 5 of FOLFIRI + cetuximab
rechallenge

Cycle 5 given 14 Oct 2026 · C6 28 Oct · CT the week of 2
November

STAGE
IV
Metastatic

CEA
47.3
ug/L · 12 Oct 26 · ref 0–5.2

CYCLE
5
of this block · 17th
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%

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

CURRENT TREATMENT

14 days cycles

FOLFIRI + cetuximab (rechallenge, 3rd block)

C1
19 Aug
26

C2
2 Sep
26

C3
16 Sep
26

C4
30 Sep
26

C5
14 Oct
26

C6
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 the week of 2 November, results 9 or 10 November.

CEA TUMOUR MARKER

ug/L

Date	CEA (ug/L)
May 25	85.4
May 25	11.4
Nov 25	normal ≈ 5
May 26	15.8
Sep 26	44.6
Sep 26	47.0

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

KEY BLOODS

12 October 2026

Haemoglobin

129 g/L

Red cells

4.13 ×10¹²/L

LOW

4.48–5.80

White cells

9.79 ×10⁹/L

Neutrophils

6.84 ×10⁹/L

7.5

Lymphocytes

1.95 ×10⁹/L

ALT

30 U/L

10–50

AST

39 U/L

10–50

ALP

190 U/L

HIGH

30–130

Bilirubin

14 μmol/L

0–20

Albumin

44 g/L

35–50

Globulin

35 g/L

19–35

Creatinine

72 μmol/L

59–104

eGFR

>90 mL/min/1.73m²

Magnesium

0.86 mmol/L

0.7–1.0

Potassium

4.0 mmol/L

3.5–5.3

Adjusted calcium

2.47 mmol/L

2.2–2.6

TREATMENT HISTORY

Dec 21–Feb 22

Neoadjuvant XELOX ×4 · good partial response

Mar–Oct 22

Primary resected · liver met resected (R0) · 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 · good response (CT 12 May)

Jul–Aug 26

Progression during the break · FOLFIRI + cetuximab restarted 19 Aug

MEDICATION & PROTOCOL

Current meds · 21 Oct

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) · metformin MR 500 mg twice daily (from cycle 5 day 7) · loratadine 10 mg

PAUSED

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

WHAT'S NEXT

- CT scan the week of 2 November.
- Results 9 or 10 November.
- Then the decisions: treat the liver lesion (surgery or ablation)? Continue, or step down (drop irinotecan)? What's the next line?

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