### Sam Larson 21 Jan 1979

Treatment Options

Report Date 23 Dec 2020

### What is this report?

This report provides a list of treatment options for you and your treating oncologist to review. This report does not constitute a medical treatment plan and is not a substitute for medical advice. However, it is intended to be actionable information for you to understand and discuss with your treating oncologist.

# How was this report created?

This report was created by a PhD scientist after reviewing your Cancer Journey, our understanding of your cancer history, based on your medical records. This may include notes from your physician(s), test results, imaging scans, genomic sequencing, and/or molecular profiling. This list of treatment options is based on the latest clinical evidence, clinical trials, and learnings from how other patients are doing in our platform based on the treatment options they have pursued.

If your treating oncologist would like help with access to these treatment options please contact us at medical-affairs@xcures.com.

Your Treatment Options

## Bevacizumab, FOLFOXIRI

### **Access Mechanism**

SOC

## Why

Continue on current treatment regimen of bevacizumab and FOLFOXFIRI as most recent scans show stable disease.

# NCT04607421 (Encorafenib, Cetuximab, Chemotherapy)

### **Access Mechanism**

Clinical Trial (NCT04607421)

# Why

In case of disease progression and eligible for a clinical trial, consider a trial of encorafenib and cetuximab alone or with chemotherapy. Targets the BRAF V600E mutation. Several trial locations in CA. The combination of encorafenib and cetuximab is a standard approach for BRAF V600E-mutant metastatic CRC.

# **Encorafenib, Cetuximab**

### **Access Mechanism**

SOC

# Why

In case of disease progression and ineligible for a clinical trial, consider the combination of encorafenib and cetuximab. Targets the BRAF V600E mutation. The combination of encorafenib and cetuximab is a standard approach for BRAF V600E-mutant metastatic CRC.

# Ulixertinib, Encorafenib, Cetuximab

# **Access Mechanism**

**Expanded Access** 

## Why

In case of disease progression, consider combining the standard approach of encorafenib and cetuximab with the MEK inhibitor ulixertinib through the Expanded Access program through xCures and BVD. Targets the BRAF V600E mutation. As per protocol, ulixertinib can be combined with other agents. Several BRAF V600-mutant CRC patients are currently on this combination. A Phase 1 trial of ulixertinib reported partial responses in 12% (3/25) of melanoma patients, with all 3 patients harboring BRAF V600 mutations, 25% (3/12) of BRAF-mutant lung cancer, and 19% (4/21) of other BRAFmutant cancers (https://cancerdiscovery.aacrjournals.org/content/8/2/184).

# **FOLFOXIRI, PARP inhibitor**

# **Access Mechanism**

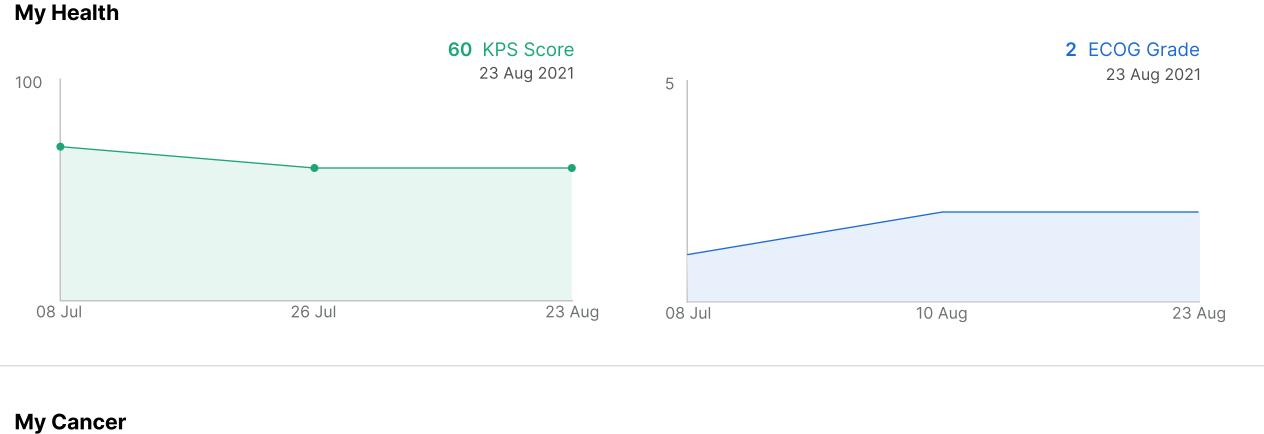
Off-label

### Why In case of disease progression, consider combining chemotherapy with a PARP inhibitor. 5 Targets the ATM mutation. A

preclinical study reported sensitivity of CRC cell lines lacking ATM to the PARP inhibitor Olaparib (https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC5299208/). Other preclinical studies have also reported that PARP inhibition sensitizes CRC cells to chemotherapy (https://pubmed.ncbi.nlm.nih.gov/30353615/, https:// cancerci.biomedcentral.com/articles/10.1186/s12935-015-0162-8). Possible approved PARP inhibitors include Olaparib, niraparib, rucaparib, and talazoparib.

Cancer Journey

Last Modified 12 Dec 2020



# 08 Jul 2021 (latest)



# Diagnosis (Current, Primary): Diagnosis (Current, Primary): Stage/Grade: Stage IV

Location(s): Colon, Liver, bilateral adnexa, uterus 23 Feb 2018

GENE/BIOMARKER

# Diagnosis (Secondary): Rectal adenocarcinoma Location(s): Colon

# DATE

**Biomarkers** 

08 Jul 2021 - collected	APC	E1451* - Pathogenic
08 Jul 2021 - collected	APC	T1556fs*3 - Pathogenic
08 Jul 2021 - collected	ATM	E431* - Pathogenic
08 Jul 2021 - collected	BRAF	V600E - Pathogenic
08 Jul 2021 - collected	DNMT3A	F751V - Variant of unknown significance (VUS)
08 Jul 2021 - collected	INPP4B	T621M - Variant of unknown significance (VUS)
08 Jul 2021 - collected	KRAS	wildtype
08 Jul 2021 - collected	Microsatellite Stat	stable
08 Jul 2021 - collected	MYC	H302Q - Variant of unknown significance (VUS)
08 Jul 2021 - collected	NRAS	wildtype
08 Jul 2021 - collected	PIK3CA	E545K - Pathogenic
08 Jul 2021 - collected	SMAD4	G365D - Variant of unknown significance (VUS)
08 Jul 2021 - collected	Tumor Mutational	3 Muts/Mb
	ZNF703	A401_H402ins - Variant of unknown significance (VUS)

ALTERATION

## **Current Treatment(s)** • Bevacizumab (started 01 Aug 2021)

# • Folfoxiri Regimen (started 20 Jul 2021)

- **Historical Surgeries and Therapies** 08 Jul 2021

## Biopsy Liver



23 Feb 2018 Resection

Rectum 09 Jan 2018

Esophagogastroduodenoscopy Esophagus

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Colonoscopy Colon

09 Jan 2018

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