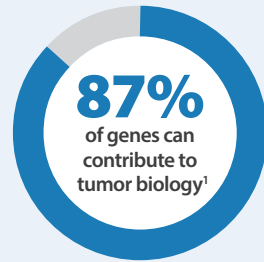


Every patient with advanced cancer deserves complete answers.

### Why This Matters

Many advanced/metastatic Colorectal Cancer (CRC) patients receive some biomarker testing — but not complete, high-quality testing. Missing or delayed information can affect:

- Treatment safety
- Treatment timing
- Treatment choices
- Treatment outcomes



*You deserve testing that gives your care team the full picture — upfront.*

### What “Complete” CRC Testing Should Include

- ✓ **Comprehensive biomarker profiling** looks broadly at the whole exome (DNA) — not just a small portion of the exome - to ensure critical information is discovered and not missed.
- ✓ **Whole transcriptome sequencing of mRNA** — not just a smaller RNA panel — will reveal important gene alterations, such as fusions and variant transcripts, that can be missed if testing looks at DNA alone. These alterations may be targeted with approved therapies or clinical trial drugs.
- ✓ **DPYD testing** from blood helps identify risk of severe side effects from common CRC chemotherapies before treatment begins.
- ✓ **First-line decision support** New tools can help guide treatment strategy at the very start (e.g., FOLFIRSTai).
- ✓ **Done together, from one sample** Reduces delays, repeat testing, and unnecessary cost.

1. de Magalhaes, JP. *Trends Genet.* 2022 Mar;38(3):216-217. doi: 10.1016/j.tig.2021.09.005. Epub 2021 Oct 27.



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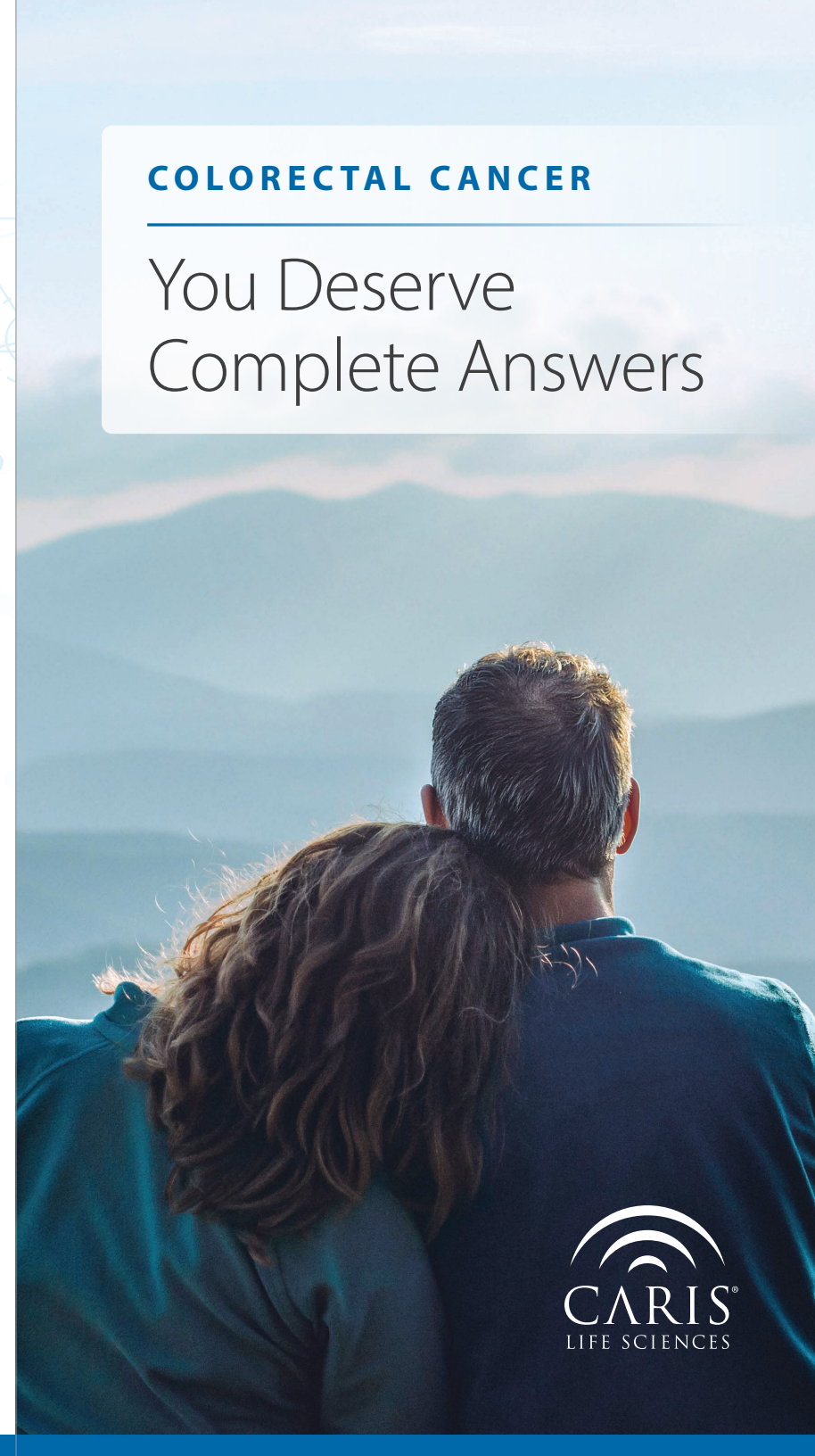


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## COLORECTAL CANCER

You Deserve  
Complete Answers



## What Most CRC Patients *Get*

- ✗ DNA-only testing**  
May miss certain critical biomarker information (e.g., NTRK fusions)
- ✗ Tumor-only focus**  
Biomarkers may be overlooked that can impact safety of treatment (e.g., DPYD)
- ✗ Sequential tests**  
Ordered over time, not together, causing unnecessary delays and stress
- ✗ Limited treatment guidance**  
May not offer novel decision support tools that are now available (e.g. FOLFIRSTai)
- ✗ Limited Panels**  
Potential for missed cancer-causing alterations that may be targetable with approved therapies or trials

**VERSUS**

## What Patients Actually *Need*

- ✓ DNA + RNA testing**  
Captures fusions (a type of cancer-causing error in the cell) that DNA testing alone can miss
- ✓ Testing of biomarkers that lend insight into treatment toxicity risk**  
Identifies safety risks before treatment (e.g., DPYD testing)
- ✓ Everything at once**  
One test, one sample, one timeline, fewer delays when timing matters
- ✓ First-line decision support**  
Helps guide treatment from the start and not just after failed therapy
- ✓ Comprehensive DNA and RNA testing**  
Leaving no potential actionable information undiscovered

## Somatic Molecular Profiling for CRC

*Clinically Relevant Biomarkers That Should Be Included In Testing*

Biomarker	Therapy Association
KRAS/NRAS/BRAF WT	cetuximab, panitumumab
KRAS G12C	(adagrasib or sotorasib) + (cetuximab or panitumumab)
BRAF V600E	(FOLFOX or FOLFIRI)/encorafenib + (cetuximab or panitumumab)
dMMR/MSI-H or POLD1/POLE with TMB	Immune Checkpoint Inhibitors
HER2	T-Dx, trastuzumab + (tucatinib or pertuzumab)
NTRK1/2/3	entrectinib or larotrectinib or repotrectinib
RET	selpercatinib

### Guideline Recommendations

- All patients with mCRC should have tumor genotyped for RAS (*KRAS* and *NRAS*) and *BRAF* mutations as part of multi-gene panel testing at initial diagnosis of metastatic disease.
- Universal MMR or MSI testing is recommended in all newly diagnosed patients with colon cancer.
- Other recommended biomarkers include HER2 (*ERBB2*) overexpression/amplification testing, *NTRK1/2/3* gene fusion, *POLE/ POLD1* mutations and *RET* gene fusions.

NCCN Guidelines v1.2026 on Colon Cancer, accessed on March 31, 2026

## Is My Colorectal Cancer Profiling Complete?

**Bring This Checklist to Your Appointment.** If you or a loved one has advanced/metastatic colorectal cancer, biomarker testing matters — but how it's done matters even more. Every patient with advanced cancer deserves complete answers.

### About Testing

- ?** Am I a good candidate for molecular profiling? Why or why not?
- ?** If so, will you be ordering a tumor profile using both DNA and RNA and protein testing?
- ?** Will you look broadly across many genes, such as the whole exome and whole transcriptome (not just a small subset)?
- ?** Does the test detect guideline-endorsed gene fusions (e.g., RET, NTRK) using whole transcriptome sequencing in tissue?



### About Safety & Treatment Planning

- ?** Will DPYD be tested from my blood before starting fluoropyrimidine-based chemotherapy?

### About Treatment Decisions

- ?** Will my test include tools to help guide first-line treatment decisions (such as FOLFIRSTai)?
- ?** Will this information be available before treatment is started?

### About Efficiency

- ?** Can all of these test be done together from one sample?
- ?** If not, do I understand why multiple tests are needed?