

A Case Review: Unexplained Elevated CEA



CLINICAL CASE STUDY

Stage III CRC Patient

PROFESSION: Business owner

AGE: 38

LOCATION: Durham, North Carolina

STAGING: pT2N1b

INTERESTS: Passionate about advocating for lowering colonoscopy age. Likes to travel, hang out with partner and dog.

PRESENTATION:

While on a business trip patient notices blood in stool. Two months later a colonoscopy confirmed Stage III CRC



Diagnosis:

Adenocarcinoma of sigmoid colon



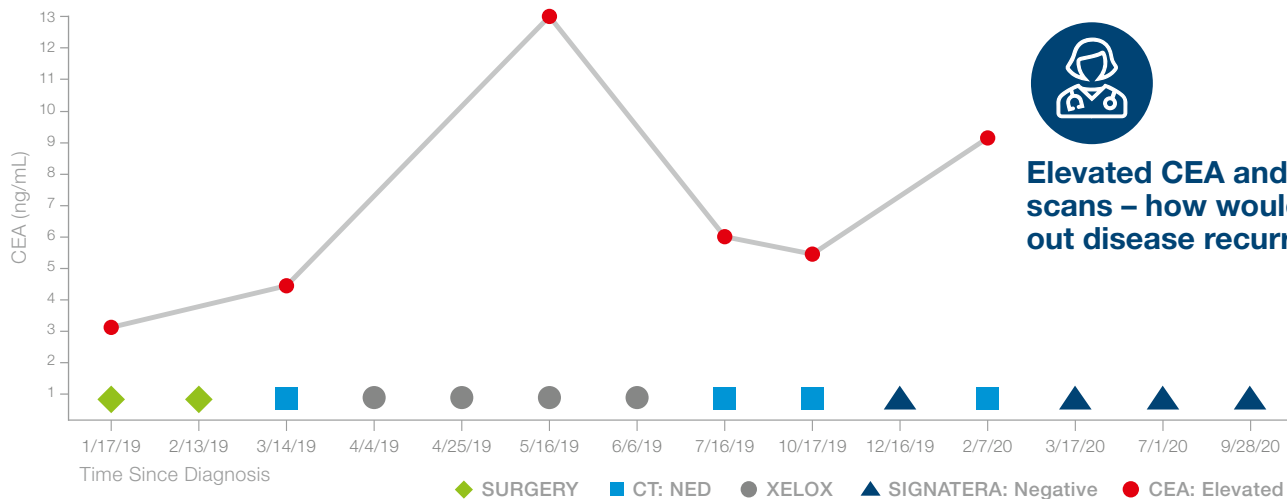
Treatment:

Surgery to remove adenocarcinoma



Pathology:

- T2N1b, Stage IIIA
- Negative margins
- No LVI/PNI
- 2 of 16 lymph nodes involved



Elevated CEA and clean scans – how would you rule out disease recurrence?

Signatera is a reliable tool when CEA isn't telling the whole story

What other factors should you consider to confirm or rule out recurrence?

Considerations for selecting the type and duration of chemotherapy:

✓ AGE ✓ CLINICOPATHOLOGIC FEATURES ✓ COMORBIDITIES

FINAL RESULTS SUMMARY

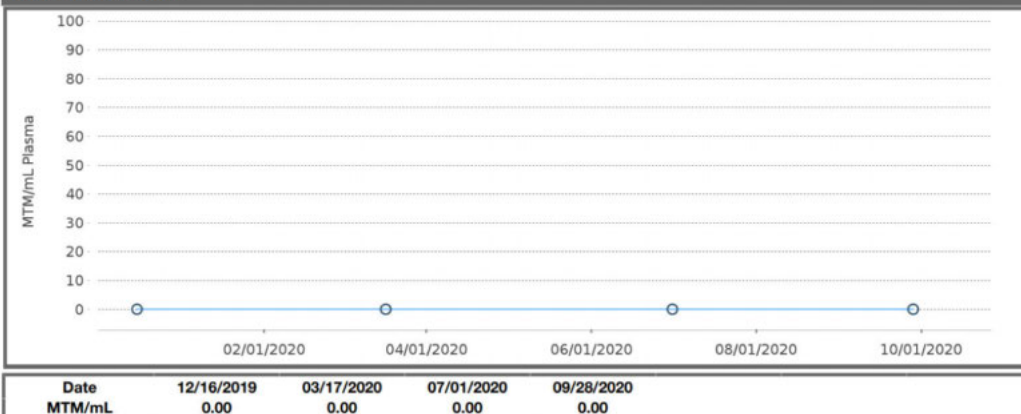
Signatera Negative



Mean Tumor Molecules/mL
Not Applicable

Mean tumor molecules per mL is calculated based on the mean of ctDNA molecules detected per mL of the patient's plasma.

Historical Results



How do you currently assess residual disease?



Will knowing the ctDNA status offer your patients peace of mind?

PATIENT OUTCOME:

Patient was relieved to have a tool like Signatera to give her peace of mind regarding the elevated CEA, enabling her to move on with her life.

KEY TAKEAWAY:

When CEA levels and CT scans are discordant, assessing MRD status using Signatera can support confident treatment decisions.

“...as a patient, I would much prefer to know as soon as possible that my cancer still exists. Even if we can't do anything about it right away.”

Learn more at nateraoncology.com

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