FIGHT COLORECTAL CANCER

Fight CRC Data Release Report - Faces Behind Biomarkers

2026 · COMMUNITY EDITION



TESTED TOO LATE, OR NOT AT ALL.

The vast majority of advanced colorectal cancer patients begin treatment without the biomarker results that guidelines require. Behind every data point is a person, and time they can't get back.

FOR	PUBLISHED
Patients, caregivers, and advocates, and the providers, public health professionals, and policymakers who support them	November 12, 2026

QUESTIONS

Fight Colorectal Cancer · info@fightcrc.org · FightCRC.org

The story in brief. Treatment guidelines say patients with advanced colorectal cancer should have complete biomarker testing *before* their first therapy, because the results determine which drugs can work, and some more than double survival. Yet, a new analysis of de-identified, real-world data from Komodo Health's Healthcare Map® finds **only about 1 in 8 treated patients ages 18 to 64** got that testing in time. Nearly 6 in 10 treated patients have no biomarker test on record. The share of patients with any biomarker test on record hasn't improved in four years. Fight CRC is pressing for a national floor of **80%**.

WHY WE'RE SHARING THIS: OUR 80% GOAL.

This report is part of Fight CRC's **Colorectal Cancer Care Report**, our roadmap for better colorectal cancer care. In it, we set a clear goal: **at least 80% of people diagnosed with stage 3 or stage 4 colorectal cancer should receive biomarker testing**. The findings here show how far there still is to go, and why we are focused on closing the gap.

Closing it is an addressable problem. It does not require new technology, the tests already exist and are recommended by national guidelines. It is largely about making biomarker testing a routine step after diagnosis, before treatment is chosen, so more patients can begin care with a fuller understanding of their cancer.

Join our effort. We are working with patients, providers, health systems, and policymakers to reach the 80% goal. If you'd like to be part of advancing this work, contact Joya@fightcrc.org.

WHY BIOMARKER TESTING DECIDES WHAT HAPPENS NEXT.

For a patient with advanced or metastatic colorectal cancer (CRC), a few tumor biomarkers (MSI/MMR status, RAS, BRAF, and HER2) decide which treatments can work. They are not technical footnotes; they are the difference between a therapy matched to the tumor and one that may not help at all.

The evidence is consistent across markers: when the right biomarker is found and matched to a targeted therapy, patients do measurably better than on chemotherapy alone. But each option opens *only* if the marker is known *before* treatment begins. The examples below span four biomarkers and three different drugmakers, not a single product.

BIOMARKER	MATCHED TARGETED OPTION	OUTCOME VS. STANDARD CARE	TRIAL
MSI-H / dMMR	Pembrolizumab (first-line immunotherapy)	Median survival **77.5 vs. 36.7 months**, more than double	KEYNOTE-177
KRAS G12C	Sotorasib + panitumumab	Progression-free survival **5.6 vs. 2.2 months**; tumor response in ~1 in 4 (vs. almost none)	CodeBreaK 300
BRAF V600E	Encorafenib + cetuximab	Median survival **9.3 vs. 5.9 months**, roughly double	BEACON
HER2-positive	Tucatinib + trastuzumab	Tumor response in **~38%** of chemo-refractory patients	MOUNTAINEER

Outcomes from published randomized or phase 2 trials, cited in full on the final page. Trials span multiple manufacturers and are shown to illustrate why each biomarker matters to treatment choice, not to compare or endorse any product.

Testing is also associated with living longer overall: in a 2026 Medicare analysis of nearly 40,000 patients with advanced solid tumors, only 21.6% underwent biomarker testing, yet testing was associated with significantly longer survival and better physical functioning *(Baser & Sun, Cancer Medicine, 2026)*. And this is increasingly a young person's disease: early-onset CRC (in adults under 50) has been rising for years and tends to present at later stages *(Akimoto et al., Nature Reviews Clinical Oncology, 2021)*.

GUIDELINES SAY "COMPLETE PROFILING FIRST." REALITY FALLS FAR SHORT.

THE HEADLINE FINDING

1 in 8

Only about **1 in 8** treated patients with advanced colorectal cancer had complete biomarker testing *before* their first therapy, the way guidelines require. The standard is effectively 100%.

The National Comprehensive Cancer Network (NCCN) recommends complete biomarker profiling (MSI/MMR, RAS, BRAF, and HER2) **before first-line systemic therapy** in advanced or metastatic CRC *(NCCN Guidelines, Colon Cancer v2.2026 and Rectal Cancer v2.2026)*. For treated patients, that is effectively a 100% target. The

analysis, conducted using Komodo's Healthcare Map, followed two groups of newly diagnosed, advanced-disease patients: **early-onset, ages 18–49 (n = 18,502)**, and **average-onset, ages 50–64 (n = 32,284)**.

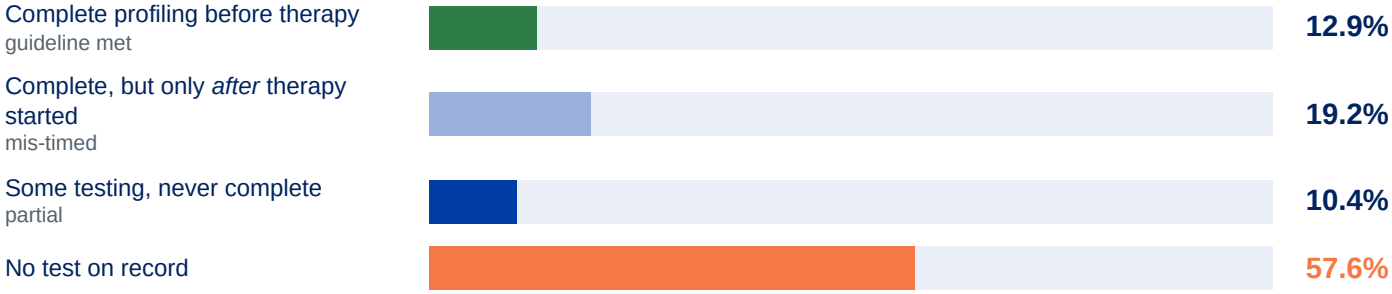
HOW TESTING IS MEASURED	COMBINED 18–64	EARLY-ONSET 18–49	AVERAGE-ONSET 50–64
SHARE OF TREATED PATIENTS (THOSE WHO BEGAN SYSTEMIC THERAPY)			
Complete profiling before first-line therapy, the guideline standard	**12.9%**	**14.4%**	**12.2%**
Complete profiling at any observed time (loosest)	**32.1%**	**35.4%**	**30.5%**
SHARE OF ALL ADVANCED-DISEASE PATIENTS IN THE COHORT			
Any biomarker test, −30 to +180 days of diagnosis	**22.7%**	**21.7%**	**23.2%**
Any biomarker test at any observed time	**30.2%**	**28.0%**	**31.4%**

Source: Fight CRC analysis of Komodo Healthcare Map data; advanced CRC patients ages 18–64 diagnosed 2021–2026. Complete-profiling rows use treated patients (n = 33,427); any-test rows use all patients (n = 50,786). Figures are lower-bound estimates.

Early-onset vs. average-onset: a close call, with a twist. The two age groups are only a few points apart on most measures. Early-onset patients (18–49) were tested *before* treatment slightly more often than average-onset patients (50–64), but they were also the least likely to show up in the data as reaching an oncologist at all, so their apparent edge should be read with caution. Younger patients are rising fast as a share of CRC, which makes getting their testing right especially urgent.

Where the gap comes from

Every treated patient falls into one of four states. The largest, by far, is patients with no biomarker test on record, which suggests the problem is about access, not technology.



Combined population, ages 18–64. Source: Fight CRC analysis of Komodo's Healthcare Map. Categories are mutually exclusive and sum to 100% of treated patients. Green = guideline met; grey = tested but not in time or not complete; orange = no test on record.

BOTH COHORTS COMBINED · AGES 18–64

THE WHOLE PICTURE: 50,700+ PATIENTS

In plain terms: of every 8 people who started treatment for advanced CRC, **only about 1** had the full biomarker workup done first. The other 7 began without that complete roadmap.

1 in 8
had complete testing before treatment began (12.9%)

6 in 10
had no biomarker test on record (57.6%)

4 in 5
began treatment with no biomarker result in hand (78.4%)

THE POLICY PICTURE: COVERAGE IS EXPANDING, STATE BY STATE.

Testing only helps if patients can access it, and insurance coverage still varies widely. The **American Cancer Society Cancer Action Network (ACS CAN)** leads the national effort to pass state laws requiring insurers to cover biomarker testing. As of September 2026, **25 states have enacted** biomarker coverage legislation, with more introduced each year.



STATE BIOMARKER COVERAGE LAWS

- Comprehensive law (19)
- Narrower / commercial-only (6)
- Introduced in 2026 (8)
- No law yet

25 states have enacted coverage laws. They reach state-regulated and Medicaid plans, not self-funded employer (ERISA) plans, so coverage gaps remain. Fight CRC proudly supports ACS CAN's work to expand access across the country.

Source: American Cancer Society Cancer Action Network (ACS CAN), Access to Biomarker Testing tracker, updated September 2026 (fightcancer.org/what-we-do/access-biomarker-testing). Enacted laws reach state-regulated and Medicaid plans; scope varies by state.

THE PATIENTS BEHIND THE NUMBERS.



Real stories behind biomarker testing

Real Fight CRC advocates. Their words, in their own handwriting, put a face to each side of the gap.

RON BELANY

Diagnosed at 36
Stage IV colon cancer
MET amplification

TESTING CHANGED HIS PATH

If I hadn't had biomarker testing, I don't think I would have ever been eligible for a clinical trial.

Ron's oncologist ordered biomarker testing right away, without being asked, describing it as "mapping the disease." When two standard chemo regimens stopped working, a trial targeting his high MET amplification opened just in time.

LYLE SMITH

Diagnosed at 50
Stage III colorectal cancer
Biomarkers unknown

NEVER TOLD IT EXISTED

I wish I would have known more about biomarker testing before they started the chemotherapy.

Lyle, an attorney and father of two whose mother and brother both died of colon cancer, doesn't remember anyone discussing biomarker testing with him. Once it was explained, he said it should be done for everyone: "If it's going to help people like me, why not?"

SYDNEY STONER

Diagnosed at 27
Stage IV colon cancer
KRAS

A ROADMAP TO TREATMENT

Biomarkers are the roadmap to your treatment.

Told for years she was "too young" for anything serious, Sydney was diagnosed at 27. A new care team walked her through her KRAS and MSS status and what it meant for her options, pointing to the page and explaining why each result mattered.

SCAN ME

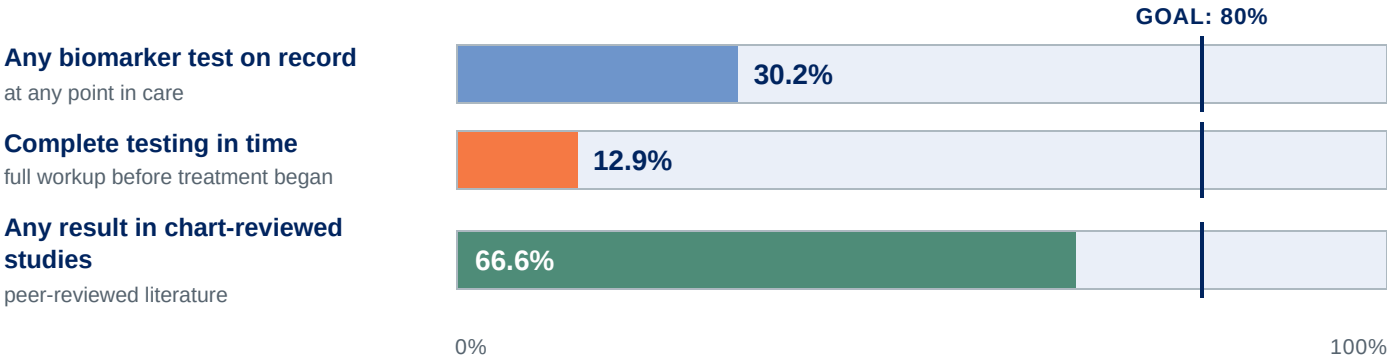
WATCH & LEARN

SEE OUR BIOMARKER VIDEO SERIES

Hear directly from patients and experts about what biomarker testing is, why it matters, and what to ask your care team. Scan the code or visit our campaign page for the full series and more resources.

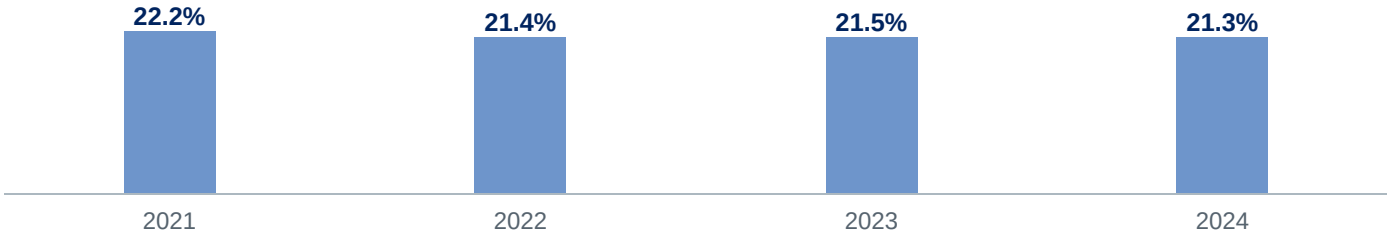
HOW FAR WE HAVE TO GO.

Our goal is that **at least 80%** of patients diagnosed with stage 3 or stage 4 colorectal cancer receive biomarker testing. Today, even some testing reaches only about 1 in 3, and complete testing in time only about 1 in 8, both far short of the 80% goal. Because claims data can undercount testing, we also show the peer-reviewed literature. Chart-reviewed studies count more tests than claims do, yet still find only about two-thirds of patients have any biomarker result, well short of the goal.



Sources: Fight CRC analysis of Komodo Healthcare Map data; advanced CRC patients ages 18–64, 2021–2026. “Any biomarker test” uses all patients; “complete testing in time” uses treated patients. Peer-reviewed figure (66.6% any result) from chart-reviewed studies via PubMed (Iyer, JNCI Cancer Spectr 2022; Desai, Future Oncol 2025; Bruno, JCO Precis Oncol 2022). The 80% goal is from Fight CRC's Colorectal Cancer Care Report.

And the gap is not closing on its own. Across the four reportable years, the share of patients with any biomarker test on record held flat, near 1 in 5:



Share of patients with any biomarker test on record, by index year. Source: Fight CRC analysis of Komodo Healthcare Map data. Bars scaled to a 25% axis; 2025 is excluded because incomplete follow-up inflates the rate.

Closing the gap is largely an access-and-systems problem (standing orders, reflex testing, better sequencing), not a technology one. The tests exist; getting them to patients in time is the challenge.

GET THE FULL CARE REPORT

Fight CRC's Colorectal Cancer Care Report sets the 80% goal and the broader care benchmarks behind this story, informed in part by Komodo Health's real-world data. Download it at **fightcolorectalcancer.org/advocacy/colorectal-cancer-care-initiative**.

Where you live shows up in the data

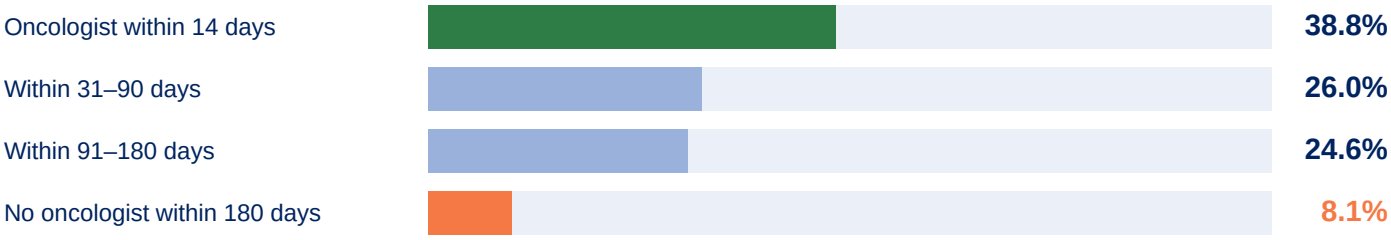
An additional analysis conducted using Komodo's Healthcare Map surfaced a regional difference. In most of the country, patients who reach cancer specialists are far more likely to be tested. In Texas (about a third of this group), far fewer patients show up in the records as reaching an oncologist or getting tested. Much of the Texas gap appears to reflect how provider information is captured in claims, not a difference in care.

IN PLAIN TERMS	REST OF COUNTRY	TEXAS
Share of patients who reached a cancer specialist (in the records)	**84.5%**	**18.6%**
Share who got a biomarker test	**30.8%**	**6.6%**

Source: Fight CRC analysis of Komodo Healthcare Map data; same 50,700+ patients, measured by time from diagnosis to first oncologist visit. Fight CRC leads with rest-of-country figures so headline rates aren't affected by differences in how provider information is captured in Texas.

Speed is the strongest lever: the faster a patient reaches an oncologist, the more likely they are tested

The same analysis found that how *quickly* a patient reaches a cancer specialist tracks closely with whether they get biomarker testing at all. Patients seen by an oncologist within two weeks were tested at nearly **five times the rate** of those never observed to reach one, a direct and actionable signal for health systems.



Share of patients biomarker-tested, by time from diagnosis to first oncologist. Source: Fight CRC analysis of Komodo Healthcare Map data; same 50,700+ patients, measured by time from diagnosis to first oncologist visit. Bar widths are scaled to the 38.8% maximum for visual comparison.

Behind every untested patient is a decision made without the full picture, and, too often, *time that can't be won back.* Closing this gap is how we give patients more time.

FIGHT COLORECTAL CANCER · THE FACES BEHIND BIOMARKERS

TESTING AND CLAIMS CAPTURE BY STATE.

The table below shows, for every state in the cohort, the share of advanced CRC patients with a biomarker test on record and how many patients each state contributes.

What it shows: where testing rates are highest and lowest, and where the largest patient populations are. Among reportable states, rates range about sixfold; Texas, about a third of the cohort, is lowest (6.5%) and pulls the average down. **What to keep in mind:** these are claims-based rates, so every state's true rate is higher; "state" is the patient's home state in claims, not where they were diagnosed; and the lowest-testing states are also where claims capture providers least completely, so a low number there likely reflects data gaps, not worse care. Use the rates to compare well-captured, high-volume states, not for head-to-head state rankings. Cells with fewer than 30 patients are suppressed under the CMS small-cell rule.*

STATE	PATIENTS (N)	TESTED (N)	% TESTED
TX	17,242	1,124	6.5%
NY	2,663	1,039	39.0%
CA	2,240	668	29.8%
MI	2,184	630	28.8%
FL	2,018	604	29.9%
PA	1,878	575	30.6%
OH	1,837	449	24.4%
WI	1,284	310	24.1%
IL	1,258	452	35.9%
NC	1,210	460	38.0%
MA	1,170	403	34.4%
GA	1,120	312	27.9%
WA	1,028	307	29.9%
MN	990	308	31.1%
NJ	913	341	37.3%
MO	891	328	36.8%
TN	846	301	35.6%
AZ	744	179	24.1%
CT	713	235	33.0%
VA	696	227	32.6%
IN	642	204	31.8%
AR	612	210	34.3%
SC	568	163	28.7%
UT	559	131	23.4%
CO	497	129	26.0%
KY	446	157	35.2%
MD	423	91	21.5%

STATE	PATIENTS (N)	TESTED (N)	% TESTED
AL	400	117	29.3%
LA	397	121	30.5%
OR	384	112	29.2%
OK	294	78	26.5%
KS	273	85	31.1%
MS	258	71	27.5%
IA	232	59	25.4%
WV	197	68	34.5%
NH	183	46	25.1%
NV	165	67	40.6%
RI	157	48	30.6%
ME	156	45	28.8%
NE	153	41	26.8%
NM	137	41	29.9%
DE	126	<30	suppressed
VT	119	<30	suppressed
ID	94	<30	suppressed
DC	81	<30	suppressed
Unknown	69	<30	suppressed
HI	52	<30	suppressed
SD	51	<30	suppressed
MT	44	<30	suppressed
ND	38	<30	suppressed
AK	22	<30	suppressed
WY	21	<30	suppressed
PR	6	<30	suppressed
GU	5	<30	suppressed

Source: Fight CRC analysis of Komodo Healthcare Map data; advanced CRC patients ages 18–64. For each state, "Patients (n)" is its advanced CRC patients in the cohort (the denominator), "Tested (n)" is how many had a biomarker test on record, and "% tested" is Tested ÷ Patients. "Tested" means any biomarker test (MSI/MMR, RAS, BRAF, HER2, NTRK, or an NGS panel) from 30 days before to 180 days after diagnosis. For reference, the overall rate is 22.7% (11,510 of 50,786), rising to 31.0% with Texas set aside. Rates from states with small patient counts carry wide uncertainty and should not be over-interpreted. Figures are lower-bound estimates; rates by state should be read as indicative.

* **CMS small-cell rule:** a patient-privacy safeguard that withholds any statistic drawn from a very small group of people, because a rate based on only a handful of patients could make an individual identifiable. Here, any state with fewer than 30 patients in a cell is marked "suppressed" and shows no rate, though its total patient count is still reported.

WHERE THESE FINDINGS COME FROM

This report draws on two sources. The testing-rate findings come from a **Fight Colorectal Cancer analysis of the Komodo Healthcare Map®**, de-identified, real-world patient data. The **80% goal** comes from **Fight CRC's Colorectal Cancer Care Report**, our roadmap for better colorectal cancer care.

HOW TO CITE THIS REPORT

SUGGESTED CITATION

Fight Colorectal Cancer. *The Faces Behind Biomarkers: A Fight CRC Data Release on Biomarker Testing in Advanced Colorectal Cancer*. Springfield, MO: Fight Colorectal Cancer; 2026. FightCRC.org.

UNDERLYING DATA SOURCE

Testing-rate findings are from a Fight Colorectal Cancer analysis of the Komodo Healthcare Map®, a database of de-identified, real-world patient data representing more than 330 million de-identified U.S. patients. Cohort identification and analysis were performed using Marmot™, a healthcare-native AI analytics platform (Komodo Health®, accessed October 2026), applied to the Komodo Healthcare Map®. All generated code, cohort definitions, and analytical results were independently reviewed and validated by Fight CRC. The 80% goal is from Fight CRC's Colorectal Cancer Care Report (2024).

METHODOLOGY & LIMITATIONS

- **Data source.** Conducted by Komodo Health® using Marmot™, a healthcare-native AI analytics platform, applied to the Komodo Healthcare Map®, a database of de-identified, real-world patient data representing more than 330 million de-identified U.S. patients.
- **Claims, not charts.** Captures billed events, not ordered or unbilled tests. All testing rates are lower-bound estimates; true testing is higher by an amount that cannot be quantified from claims.
- **Coding limits.** MSI/MMR and HER2 immunohistochemistry are often billed under generic stain codes and were excluded by design to avoid false positives, so those markers are undercounted. Figures should not be read as "HER2 was not tested."
- **Advanced disease is claims-inferred** (metastasis codes or systemic therapy within 6 months of diagnosis), not stage-coded, making reported rates conservative rather than inflated.
- **Sequencing is robust.** Whether a test was billed before or after therapy doesn't depend on testing completeness, so the ordering finding holds even though absolute rates are floors.
- **Trend window.** Only index years 2021–2024 are reportable; 2025–2026 are excluded because incomplete follow-up inflates measured rates.
- **Regional attribution.** About a third of patients live in Texas, where provider attribution and recorded testing are lower. Rest-of-country figures are the primary benchmark for comparisons by specialty, payer, and time to oncologist.

CITATIONS & SOURCES

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FREE RESOURCES

KNOW YOUR BIOMARKERS.

Fight CRC offers free, medically reviewed tools to help you understand biomarker testing, at every step.

BIOMARKER GUIDE & BROCHURE

A plain-language guide to colorectal cancer biomarkers, including KRAS, BRAF, MSI-H/dMMR, and HER2, and what they mean for treatment.

FightCRC.org

SCAN TO LEARN MORE

CHATCRC BIOMARKER READER

Take a picture of your biomarker report and get a plain-language summary of what it means, plus questions to ask your care team.

chatbot.fightcolorectalcancer.org

SCAN TO OPEN CHATCRC

MATERIALS FOR YOUR COMMUNITY

Need social graphics, fact sheets, or educational resources to share? Our team can help you reach the people you serve.

info@fightcrc.org

Explore everything at FightCRC.org, or reach our team at info@fightcrc.org. Know your biomarkers, and know them in time.