Inclusion/Exclusion Criteria Worksheet

PROCEADE
CRC-03 PHASE 3

Based on protocol dated 23 February 2026, Version 3.0

Inclusion Criteria

Not to be used as source documentation.

Participants are eligible to be included in the study only if ALL of the following criteria apply.		**Yes**	**No**
1	≥ 18 years of age at the time of signing the informed consent (see Appendix 7 for country-specific age requirements).	◯	◯
2	a) Documented histopathological diagnosis of metastatic CRC and intolerant to / refractory to / progressed after systemic therapies that must have included (provided there is no medical contraindication, and these agents are locally approved and available): i) a fluoropyrimidine, irinotecan, a platinum agent (e.g. oxaliplatin) ii) an anti-EGFR agent (if clinically indicated, i.e. RAS/BRAF wild-type and left-sided tumors) iii) an immune checkpoint inhibitor for participants with a known MSI-H status iv) encorafenib and cetuximab or encorafenib, cetuximab, and binimetinib for participants with known BRAF V600E mutation v) a HER-2 targeted therapy (e.g. trastuzumab plus tucatinib) for participants with known HER-2 positive CRC vi) a NTRK inhibitor (e.g. larotrectinib and entrectinib) for participants with NTRK gene fusion-positive CRC.	◯	◯
	b) Must have received previous treatment with bevacizumab.	◯	◯
	c) Must have progressed on no more than 2 previous systemic treatment regimens in the metastatic setting.	◯	◯
	Notes: • A (neo)adjuvant therapy with disease progression / relapse during or within 6 months after regimen completion is considered as 1 regimen line in the metastatic setting. • A re-introduction of a removed agent which is part of a combination regimen (e.g. oxaliplatin from FOLFOX) due to disease progression / relapse will be counted as an additional regimen line. • Changes of regimen components (e.g. due to unacceptable toxicity) without signs of progression will not be counted as an additional regimen line.		
3	Agrees to use appropriate contraception and barriers, if applicable. *(See protocol for additional details)*	◯	◯
4	Capable of giving signed informed consent. *(See protocol for additional details)*	◯	◯
5	ECOG Performance Status 0 or 1.	◯	◯
6	Adequate hematologic function: Platelet count ≥ 100,000/µL (no transfusion in the past 3 weeks before randomization); Hemoglobin ≥ 9.0 g/dL (no transfusion in the past 3 weeks before randomization); ANC ≥ 1,500/µL (no hematopoietic growth factors or G-CSF in the past 3 weeks before randomization); INR ≤ 1.5 × ULN. For participants receiving anticoagulants, adequate therapeutic levels as applicable, are required before randomization.	◯	◯
7	Adequate hepatic function: Total bilirubin level ≤ 1.5 × ULN; AST level ≤ 2.5 × ULN, and ALT level ≤ 2.5 × ULN. For documented Gilbert's Syndrome, total bilirubin < 3 × ULN is accepted. For participants with liver metastases, AST and ALT < 5 × ULN is accepted.	◯	◯
8	Adequate renal function, as defined by creatinine clearance of ≥ 30 mL/min by Cockcroft-Gault formula	◯	◯
9	Archival FFPE tumor tissue is required. If archived tumor material is not available, fresh biopsy is required.	◯	◯
10	Have measurable or evaluable, non-measurable disease as defined by RECIST v1.1.	◯	◯
11	Able to swallow oral tablets, and to comply with the study requirements for all scheduled evaluations.	◯	◯

Scan the code or visit PROCEADEcrc03study.com.

PIN: 9140

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Exclusion Criteria

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Participants are eligible to be included in the study only if NONE of the following criteria apply.		Yes	No
1	AEs related to previous therapies have not recovered to Grade ≤1 by NCI-CTCAE v6.0 *(See protocol for exceptions.)*	◯	◯
2	History of additional malignancy within 3 years before randomization (exceptions are squamous and basal cell carcinomas of the skin and carcinoma in situ of the cervix, benign prostate neoplasm/hypertropia).	◯	◯
3	Known brain metastases, except those meeting both of the following criteria: a) clinically stable brain metastases, i.e. without evidence of progression by imaging for at least 4 weeks prior to randomization. b) No ongoing neurological symptoms that are related to the brain localization of the disease (sequelae that are a consequence of the treatment of the brain metastases are acceptable). Note: participants with leptomeningeal disease are excluded regardless of clinical stability.	◯	◯
4	Abdominal fistula, gastrointestinal perforation, or intra-abdominal abscess within the past 6 months prior to randomization.	◯	◯
5	Ileus Grade > 1, or chronic inflammatory bowel disease (e.g. ulcerative colitis, Crohn's disease) and/or bowel obstruction, or participants with chronic gastrointestinal disorders that, in the Investigator's opinion, might significantly interfere with proper absorption of the study treatments.	◯	◯
6	a. Congestive heart failure (NYHA ≥ II), uncontrolled cardiac arrhythmia, unstable angina, myocardial infarction, coronary revascularization procedure, cerebral vascular accident, transient ischemic attack, thrombotic or hemorrhagic event, hemoptysis or any other significant cardiovascular condition or event within 180 days of randomization. b. Calculated QTc average using QTcF > 470 msec.	◯	◯
7	Uncontrolled concurrent illness (e.g. serious uncontrolled diabetes [fasted blood glucose > 250 mg/dL], or psychiatric illness/social situations that would limit compliance with the study requirements).	◯	◯
8	Active or prior ILD/pneumonitis. History of idiopathic pulmonary fibrosis, obliterative bronchiolitis, or idiopathic pneumonitis. History of prior resolved radiation pneumonitis is allowed.	◯	◯
9	Active or uncontrolled infection, e.g. requiring systemic antibiotics, antivirals, or antifungals. *(See protocol for requirements regarding skin / nail fungal infections, HIV, HBV, and HCV.)*	◯	◯
10	Estimated life expectancy of < 4 months.	◯	◯
11	Major surgery, unhealed wound following surgery, significant traumatic injury, or drainage for ascites, pleural effusion, or pericardial fluid within 4 weeks, prior to randomization, or an anticipated need for major surgery during the study.	◯	◯
12	History of severe hypersensitivity/allergic reactions to prior therapies with biologicals or to any of the study interventions	◯	◯
13	Uncontrolled hypertension (systolic ≥ 150 mmHg and/or diastolic ≥ 100 mmHg), based on average of readings according to ACC/AHA, despite antihypertensive treatment.	◯	◯
14	Proteinuria > 2 g/24 hrs (24-hr urine collection is required only if dipstick is 2+).	◯	◯
15	Any other contraindication present in the local product information of bevacizumab or FTD-TPI.	◯	◯
16	Systemic steroid or other immunosuppressive therapy taken within 7 days prior to randomization. *(See protocol for exceptions.)*	◯	◯
17	Participants currently receiving or unable to stop using prohibited medication (within prohibited window) prior to randomization as defined in Section 6.9.2.	◯	◯
18	Received growth factors or transfusions within 3 weeks prior to randomization.	◯	◯
19	Prior treatment with FTD-TPI, CEACAM5-targeting therapy or with an ADC with a TOP1 inhibitor payload (e.g. trastuzumab deruxtecan).	◯	◯
20	Received chemotherapy, radiation therapy (except limited local palliative RT), biological therapy (e.g. antibodies) or any other anticancer therapy or investigational drugs, within 3 weeks or 5 half-lives, whichever is shorter, before randomization.	◯	◯
21	Evidence of bleeding diathesis or coagulopathy.	◯	◯

ADC = antibody-drug conjugate; ALT = alanine aminatransferase; ANC = absolute neutrophil count; AST = aspartate aminotransferase; CEACAM5 = Carcinoembryonic Antigen-Related Cell Adhesion Molecule 5; CRC = colorectal cancer; ECOG = Eastern Cooperative Oncology Group; FFPE = formalin-fixed paraffin-embedded; FTD-TPI = trifluoride/tipiracil; hr = hour; INR = international normalized ratio; MSI-H= microsatellite instability - high; NYHA = New York Heart Association; NRTK = QTc = Corrected QT interval; RECIST = Response Evaluation Criteria in Solid Tumor; RT = radiotherapy; TOP1 = topoisomerase 1; ULN = upper limit of normal VEGF = Vascular Endothelial Growth Factor.