

臨床上有 X 先生因上腹部悶痛而至醫院求診，經腹部超音波檢查發現兩側肝臟有多發性的超音波病灶，臨床症狀上病人有糞便直徑變細情形，因懷疑是轉移性病灶而轉至大腸直腸外科。病患傳統腫瘤標記血清癌胚抗原值雖然落在正常範圍，但基因晶片檢測結果呈現異常反應。因此，進一步接受大腸鏡檢查，發現位於乙狀結腸部位有一個巨大腫瘤，手術病理報告為第四期乙狀結腸癌合併兩側肝臟轉移。

Clinically, Mr. X was due to upper abdominal pain and went to the hospital for treatment, the abdominal ultrasound examination found that both sides of the liver have multiple ultrasound lesions, clinical symptoms of patients with fecal diameter smaller case, suspected to be metastatic lesions and transferred to Department of Colorectal Surgery. Patient's traditional tumor markers serum cancer carcinoembryonic antigen values, although falling within the normal range, but the gene chip test results showed abnormal reaction. Therefore, further acceptance of colonoscopy revealed that there is a huge tumor in the sigmoid colon, the surgical pathology reported that the fourth stage of sigmoid colon cancer with both sides of the liver metastasis.

臨床上有 Y 先生為第三期直腸癌病人，手術前之血清腫瘤標記的檢測－血清癌胚抗原為 1.25 ng/dl (正常值為 < 5 ng/dl)，手術後接受 FOLFOX4 處方化學治療，也同時接受定期血清癌胚抗原檢查及大腸直腸癌基因診斷晶片之檢測。經過六個月化學治療後追蹤。

Clinically, Mr. Y was the third stage of rectal cancer patients, serum tumor markers before surgery - serum carcinoembryonic antigen 1.25 ng / dl (normal <5 ng / dl), after surgery to accept FOLFOX4 prescription chemotherapy, but also receive regular serum carcinoembryonic antigen screening and colorectal cancer genetic diagnosis of the chip detection. After six months of chemical follow-up