prevalence data for 6 cancers with values ranging from 3 to < 170 per 100,000 were obtained and analyzed in the CAN database. Despite some differences in methodologies, the study confirmed the findings of the previous meta-analysis, which suggested that the RAS test is not a cost-effective way to identify patients who would benefit from anti-EGFR treatments.

**Conclusions:** The results of this study provide evidence for the RAS test in the management of patients with colorectal cancer, indicating that the use of this test can help in identifying patients who are more likely to benefit from anti-EGFR treatments. However, further research is needed to confirm these findings in larger, more diverse populations.