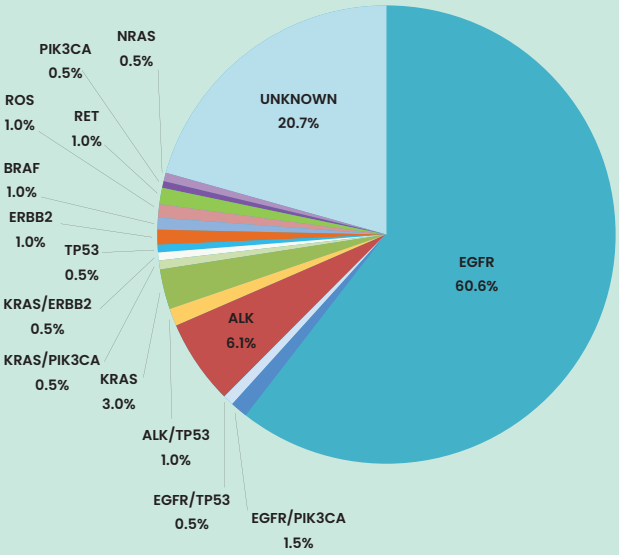
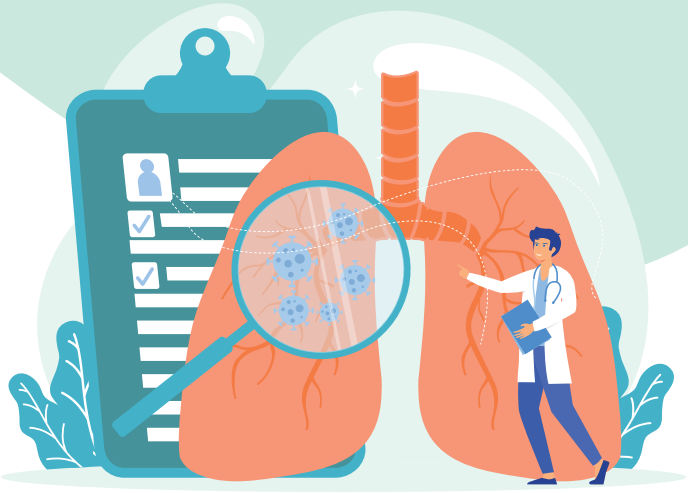
anderson®
Diagnostics & Labs



GENETIC TESTING IN LUNG CANCER

Identification of actionable mutations, deletions and driver gene fusions in NSCLC and SCLC can help guide targeted treatment regimens

9+1 Target Genes



EGFR, BRAF, MET, RET, ERBB2, KRAS, ALK, RET, ROS, NTRK

Includes Mutations, Deletions, Fusion genes and PDL-1 overexpression commonly reported in NSCLC and SCLC

EFGR - by Liquid Biopsy

Highlights of Genetic Testing Panel

- Liquid Biopsy - Cell free DNA for EGFR available
- TAT for complete Oncomine Panel 2 weeks only
- Tests available individually also
- Fresh tissue / FFPE block accepted

Central Processing Center
No.26, Rajarathinam Street,
Kilpauk, Chennai - 600010.

Helpdesk: **+91 73059 88862**

Individual Testing Solutions for Lung Cancer

EGFR Mutation Testing

To detect mutations in the EGFR gene for the detection of 42 mutations (exons 18, 19, 20, and 21)

Sample type – FFPE tissue block
Method – Real time – PCR
TAT – 5 days

KRAS Mutation Testing

To detect mutations in the KRAS oncogene for detection of 7 mutations in codon 12 and 13

Sample type – FFPE tissue block
Method – Real time – PCR
TAT – 5 days

BRAF Mutation Testing

To detect hotspot mutation in V600E codon of exon 15 in the BRAF gene.

Sample type – FFPE tissue block
Method – Real time – PCR
TAT – 7 days

ROS-1 by FISH

To detect the ROS1 gene rearrangement

Sample type – FFPE tissue block
Method – Fluorescence In Situ Hybridization
TAT – 7 days

ALK by IHC

To detect for ALK gene rearrangement

Sample type – FFPE tissue block
Method – Immunohistochemistry (IHC)
TAT – 4 days

PDL - 1 Testing

To detect over expression of PDL-1 by tumor and Immune cells

SP-142 Clone Ventana

Sample type – FFPE tissue block
Method – Immunohistochemistry (IHC)
TAT – 4 days

Sample Type
FFPE Block or Fresh Tissue in ONCO-Bank

TAT - 2 to 3 weeks

Oncomine Focus Assay Panel for Lung Cancer with PDL-1 Testing

- Hot spot screening of relevant, druggable mutations, copy number changes and fusions for various Cancers
- ACMG/AMP guidelines-based reporting with drugs and target information
- NGS based assay eliminates need of multiple technology FISH, IHC, Realtime
- Complete screening of relevant gene in single sample

Gene	Molecular aberration	Prevalence in NSCLC	Prevalence in SCC
EGFR	Mutations (exons 18 – 21)	28%	9%
BRAF	Mutations	5%	4%
MET	Mutations	10%	4%
RET	Fusions or rearrangements	4%	4%
ERBB2	To detect mutations	7%	5%
KRAS	To detect mutations	23%	5%
ALK	Fusions or rearrangements	7%	5%
ROS	Fusions or rearrangements	4%	8%
NTRK	Fusions or rearrangements	3%	6%

List of FDA Approved Targeted Drugs Covered

Biomarker	Drugs	Disease
BRAF V600E; BRAF V600K	Vemurafenib, Cobimetinib, Dabrafenib, Trametinib, Atezolizumab, Encorafenib	Melanoma, NSCLC, CRC
ALK Fusion, EML4-ALK	Crizotinib, Ceritinib, Alectinib, Brigatinib, Lorlatinib	NSCLC
EGFR	Cetuximab, Mobocertinib, Afatinib, Gefitinib, Amivantamb, Osimertinib, Erlotinib	Lung cancer
ERBB2	Fam-trastuzumab Deruxtecan-nxki	NSCLC
KRAS	Cetuximab, Panitumumab, Sotorasib	CRC, NSCLC
MET, exon skipping	Capmatinib	NSCLC
RET-Fusions	Pralsetinib, Selpercatinib	NSCLC
Ros1-fusions	Entrectinib, Crizotinib	NSCLC

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