OncoScope

Privacy-First Cancer Genomics Analysis Report

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Overall Risk Assessment

80.3% HIGH Overall Risk Level

Confidence Score: 96% Actionable Mutations: 5

Pathogenic Variants: 4 Known Mutations: 5

Individual Mutation Analysis

Gene	Variant	Protein Change	Pathogenicity	Clinical Significance	Targeted Therapies
EGFR	c.2369C>T	p.T790M	98.0%	PATHOGENIC	Osimertinib, Afatinib, Gefitinib, Erlotinib
TP53	c.524G>A	c.524G>A; p.Gly175Arg	95.0%	PATHOGENIC	Chemotherapy, Radiation Therapy, Immunotherapy (consider PD- 1/PD-L1 inhibitors, but response may be limited due to protein dysfunction), Targeted therapies (depending on downstream pathway alterations)
KRAS	c.35G>A	G12D (Glycine to Aspartic Acid at position 12)	98.0%	PATHOGENIC	KRAS G12C inhibitors (e.g., Sotorasib, Adagrasib) - *Note: While this is a G12D mutation, the development of G12C inhibitors has spurred research into G12D inhibitors. Currently, no FDA-approved G12D inhibitors exist, but research is ongoing.*, Combination therapies (e.g., with EGFR inhibitors, immunotherapy) - *Clinical trials are exploring combinations to

Gene	Variant	Protein Change	Pathogenicity	Clinical Significance	Targeted Therapies
					overcome resistance.*
PIK3CA	c.3140A>G	c.3140A>G; p.Glu1047Gly	95.0%	PATHOGENIC	Alpelisib, PIK3CA inhibitors (e.g., Copanlisib, Futibatinib)
MET	c.3029C>T	c.3029C>T; p.Arg1010Cys	85.0%	LIKELY PATHOGENIC	MET inhibitors (e.g., Capmatinib, Tepotinib, Selpercatinib, Encorafenib + Cetuximab)

Predicted Cancer Types

Gastric Cancer: 10.2% likelihood
Pancreatic Cancer: 7.1% likelihood
Breast Cancer: 7.0% likelihood
Colon Cancer: 7.0% likelihood

• Non-Small Cell Lung Cancer (NSCLC): 3.6% likelihood

Clinical Recommendations

Immediate oncology consultation recommended due to high-risk mutation profile

Consider targeted therapy for EGFR mutation: Osimertinib, Afatinib, Gefitinib

Consider targeted therapy for TP53 mutation: Chemotherapy, Radiation Therapy, Immunotherapy (consider PD-1/PD-L1 inhibitors, but response may be limited due to protein dysfunction)

Consider targeted therapy for KRAS mutation: KRAS G12C inhibitors (e.g., Sotorasib, Adagrasib) - *Note: While this is a G12D mutation, the development of G12C inhibitors has spurred research into G12D inhibitors. Currently, no FDA-approved G12D inhibitors exist, but research is ongoing.*, Combination therapies (e.g., with EGFR inhibitors, immunotherapy) - *Clinical trials are exploring combinations to overcome resistance.*

Consider targeted therapy for PIK3CA mutation: Alpelisib, PIK3CA inhibitors (e.g., Copanlisib, Futibatinib)

Consider targeted therapy for MET mutation: MET inhibitors (e.g., Capmatinib, Tepotinib, Selpercatinib, Encorafenib + Cetuximab)

Enhanced surveillance recommended due to 5 pathogenic mutations

Actionable Mutations

EGFR - EGFR:c.2369C>T

Therapies: Osimertinib, Afatinib, Gefitinib, Erlotinib

FDA Approved: No

Clinical Trials Available: Yes

TP53 - TP53:c.524G>A

Therapies: Chemotherapy, Radiation Therapy, Immunotherapy (consider PD-1/PD-L1 inhibitors, but response may be limited due to protein dysfunction), Targeted therapies

(depending on downstream pathway alterations)

FDA Approved: No

Clinical Trials Available: Yes

KRAS - KRAS:c.35G>A

Therapies: KRAS G12C inhibitors (e.g., Sotorasib, Adagrasib) - *Note: While this is a G12D mutation, the development of G12C inhibitors has spurred research into G12D inhibitors. Currently, no FDA-approved G12D inhibitors exist, but research is ongoing.*, Combination therapies (e.g., with EGFR inhibitors, immunotherapy) - *Clinical trials are exploring combinations to overcome resistance.*

FDA Approved: No

Clinical Trials Available: Yes

PIK3CA - PIK3CA:c.3140A>G

Therapies: Alpelisib, PIK3CA inhibitors (e.g., Copanlisib, Futibatinib)

FDA Approved: No

Clinical Trials Available: Yes

MET - MET:c.3029C>T

Therapies: MET inhibitors (e.g., Capmatinib, Tepotinib, Selpercatinib, Encorafenib +

Cetuximab)

FDA Approved: No

Clinical Trials Available: Yes

Disclaimer: This analysis is for research purposes only and should not be used for clinical decision-making without consulting a qualified healthcare professional.

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