

PATIENT

DISEASE Unknown primary melanoma
 NAME Lekavich, Florence
 DATE OF BIRTH 09 November 1929
 SEX Female
 MEDICAL RECORD # 386214

PHYSICIAN

ORDERING PHYSICIAN Gene Finley
 MEDICAL FACILITY Allegheny Health Network
 Cancer Institute - Natrona Heights
 ADDITIONAL RECIPIENT Nath
 MEDICAL FACILITY ID 202051
 PATHOLOGIST Manju Nath

SPECIMEN

SPECIMEN SITE Rectum
 SPECIMEN ID AVS18-1501 1A
 SPECIMEN TYPE Slide
 DATE OF COLLECTION 20 March 2018
 SPECIMEN RECEIVED 30 March 2018

NO REPORTABLE ALTERATIONS WITH COMPANION DIAGNOSTIC (CDx) CLAIMS

See professional services section for additional information

OTHER ALTERATIONS & BIOMARKERS IDENTIFIED

Results reported in this section are not prescriptive or conclusive for labeled use of any specific therapeutic product. See *professional services* section for additional information.

<i>Microsatellite status</i> MS-Stable §	<i>KIT</i> amplification §
<i>Tumor Mutational Burden</i> 3 Muts/Mb §	<i>PDGFRA</i> amplification §
<i>BRAF</i> amplification §	<i>RET</i> E511K
<i>CDKN2A</i> loss §	<i>TET2</i> Q1466*
<i>CDKN2B</i> loss §	<i>TP53</i> V172D
<i>KDR</i> amplification §	

§ Refer to appendix for limitation statements related to detection of any copy number alterations, gene rearrangements, MSI or TMB result in this section.

Please refer to appendix for Explanation of Clinical Significance Classification and for variants of unknown significance (VUS).

FoundationOne CDx™ (F1CDx) is a next generation sequencing based in vitro diagnostic device for detection of substitutions, insertion and deletion alterations (indels), and copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens. The test is intended as a companion diagnostic to identify patients who may benefit from treatment with the targeted therapies listed in Table 1 in accordance with the approved therapeutic product labeling. Additionally, F1CDx is intended to provide tumor mutation profiling to be used by qualified health care professionals in accordance with professional guidelines in oncology for patients with solid malignant neoplasms. The F1CDx assay is a single-site assay performed at Foundation Medicine, Inc.

TABLE 1

INDICATIONS	BIOMARKER	THERAPY
Non-small cell lung cancer (NSCLC)	<i>EGFR</i> exon 19 deletions and <i>EGFR</i> exon 21 L858R alterations	Gilotrif® (Afatinib), Iressa® (Gefitinib), or Tarceva® (Erlotinib)
	<i>EGFR</i> exon 20 T790M alterations	Tagrisso® (Osimertinib)
	<i>ALK</i> rearrangements	Alecensa® (Alectinib), Xalkori® (Crizotinib), or Zykadia® (Ceritinib)
	<i>BRAF</i> V600E	Tafinlar® (Dabrafenib) in combination with Mekinist® (Trametinib)
Melanoma	<i>BRAF</i> V600E	Tafinlar® (Dabrafenib) or Zelboraf® (Vemurafenib)
	<i>BRAF</i> V600E or V600K	Mekinist® (Trametinib) or Cotellic® (Cobimetinib) in combination with Zelboraf® (Vemurafenib)
Breast cancer	<i>ERBB2</i> (HER2) amplification	Herceptin® (Trastuzumab), Kadcyla® (Ado-trastuzumab emtansine), or Perjeta® (Pertuzumab)
Colorectal cancer	<i>KRAS</i> wild-type (absence of mutations in codons 12 and 13)	Erbix® (Cetuximab)
	<i>KRAS</i> wild-type (absence of mutations in exons 2, 3, and 4) and <i>NRAS</i> wild type (absence of mutations in exons 2, 3, and 4)	Vectibix® (Panitumumab)
Ovarian cancer	<i>BRCA1/2</i> alterations	Rubraca® (Rucaparib)

ABOUT THE TEST FoundationOne CDx™ is the first FDA-approved broad companion diagnostic for solid tumors.

Interpretive content on this page and subsequent pages is provided as a professional service, and is not reviewed or approved by the FDA.

PATIENT

DISEASE **Unknown primary melanoma**
 NAME **Lekavich, Florence**
 DATE OF BIRTH **09 November 1929**
 SEX **Female**
 MEDICAL RECORD # **386214**

PHYSICIAN

ORDERING PHYSICIAN **Gene Finley**
 MEDICAL FACILITY **Allegheny Health Network Cancer Institute - Natrona Heights**
 ADDITIONAL RECIPIENT **Nath**
 MEDICAL FACILITY ID **202051**
 PATHOLOGIST **Manju Nath**

SPECIMEN

SPECIMEN SITE **Rectum**
 SPECIMEN ID **AVS18-15011A**
 SPECIMEN TYPE **Slide**
 DATE OF COLLECTION **20 March 2018**
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Biomarker Findings

Microsatellite Status - MS-Stable

Tumor Mutational Burden - TMB-Low (3 Muts/Mb)

Genomic Findings

For a complete list of the genes assayed, please refer to the Appendix.

KDR amplification

KIT amplification

PDGFRA amplification - equivocal†

RET E511K

BRAF amplification - equivocal†

CDKN2A/B p14ARF loss exon 1 and CDKN2B loss

TET2 Q1466*

TP53 V172D

1 Disease relevant genes with no reportable alterations: **NRAS**

† See About the Test in appendix for details.

10 Therapies with Clinical Benefit

15 Clinical Trials

0 Therapies with Lack of Response

BIOMARKER FINDINGS

Microsatellite status - MS-Stable

Tumor Mutational Burden - TMB-Low (3 Muts/Mb)

GENOMIC FINDINGS

KDR - amplification

4 Trials see p. 14

KIT - amplification

10 Trials see p. 15

PDGFRA - amplification - equivocal

1 Trials see p. 17

ACTIONABILITY

No therapies or clinical trials. see Biomarker Findings section

No therapies or clinical trials. see Biomarker Findings section

THERAPIES WITH CLINICAL BENEFIT (IN PATIENT'S TUMOR TYPE)	THERAPIES WITH CLINICAL BENEFIT (IN OTHER TUMOR TYPE)
none	Sunitinib
none	Everolimus
	Imatinib
	Nilotinib
	Sorafenib
	Sunitinib
	Temsirolimus
none	Imatinib

GENOMIC FINDINGS	THERAPIES WITH CLINICAL BENEFIT (IN PATIENT'S TUMOR TYPE)	THERAPIES WITH CLINICAL BENEFIT (IN OTHER TUMOR TYPE)
RET - E511K	none	Cabozantinib
		Lenvatinib
		Ponatinib
		Sorafenib
		Sunitinib
		Vandetanib
6 Trials see p. 18		

GENOMIC FINDINGS WITH NO REPORTABLE THERAPEUTIC OR CLINICAL TRIAL OPTIONS

For more information regarding biological and clinical significance, including prognostic, diagnostic, germline, and potential chemosensitivity implications, see the Genomic Alterations section.

BRAF amplification - equivocal	p. 7	TET2 Q1466*	p. 8
CDKN2A/B p14ARF loss exon 1 and CDKN2B loss	p. 7	TP53 V172D	p. 8

Note: Genomic alterations detected may be associated with activity of certain FDA approved drugs; however, the agents listed in this report may have varied clinical evidence in the patient's tumor type. Neither the therapeutic agents nor the trials identified are ranked in order of potential or predicted efficacy for this patient, nor are they ranked in order of level of evidence for this patient's tumor type.