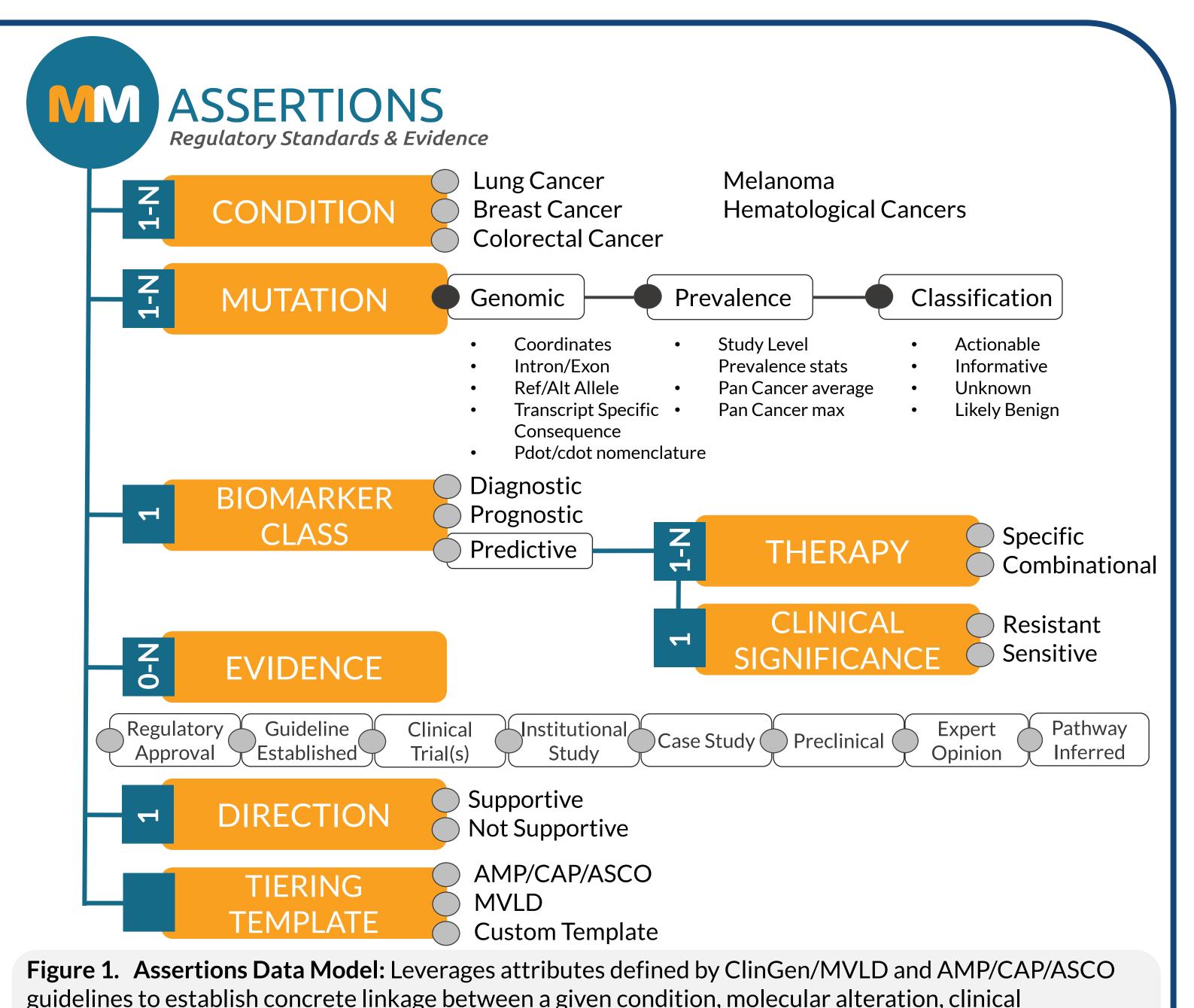
## Dynamic Levels of Evidence Tiering to Support Evolving Guidelines in Variant Assessment

Duren R<sup>1</sup>, Tackes N<sup>1</sup>, Smith R<sup>1</sup>, Neeley S<sup>1</sup>, Shiller M<sup>2</sup>, Li XS<sup>1</sup> <sup>1</sup>MolecularMatch, Inc, <sup>2</sup>Baylor Scott & White Health



guidelines to establish concrete linkage between a given condition, molecular alteration, clinical significance, (prognostic, diagnostic, predictive), therapeutic, and citation or source. Additional mutation attributes, including genomic coordinates, cancer prevalence, and clinical classification are also

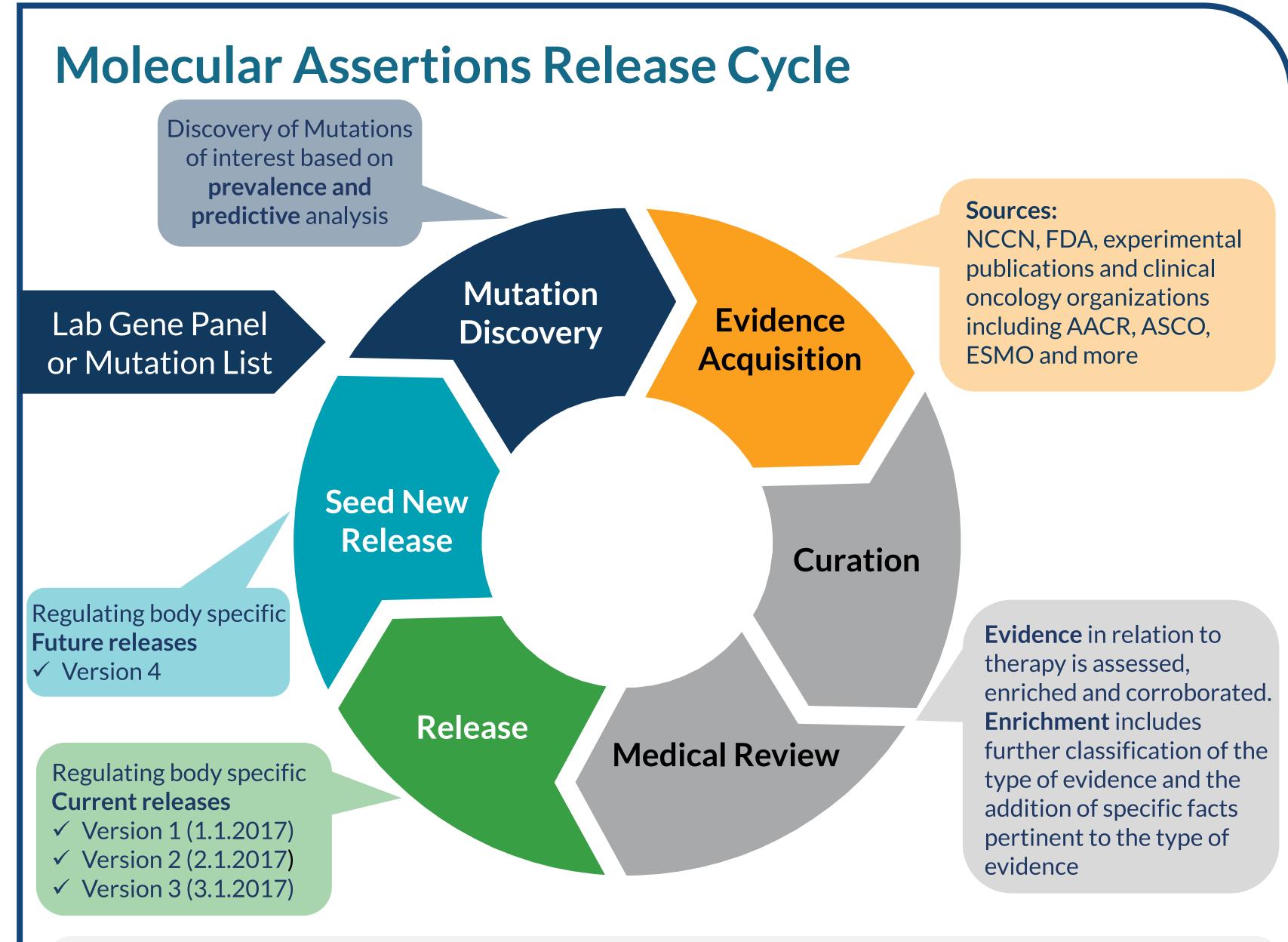
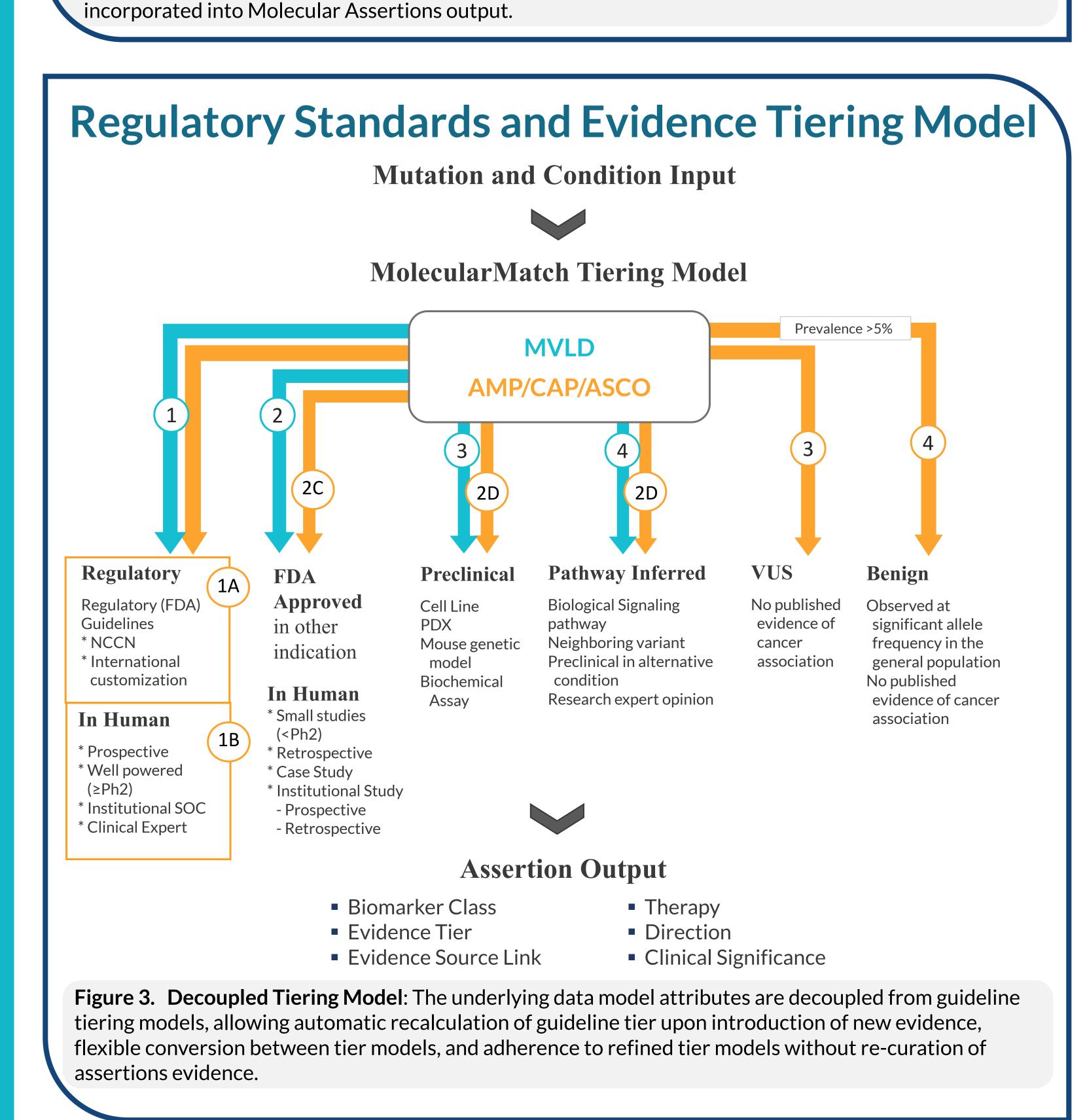


Figure 2. Release Cycle: Assertions are autogenerated by condition and mutation list specifications in Mutation

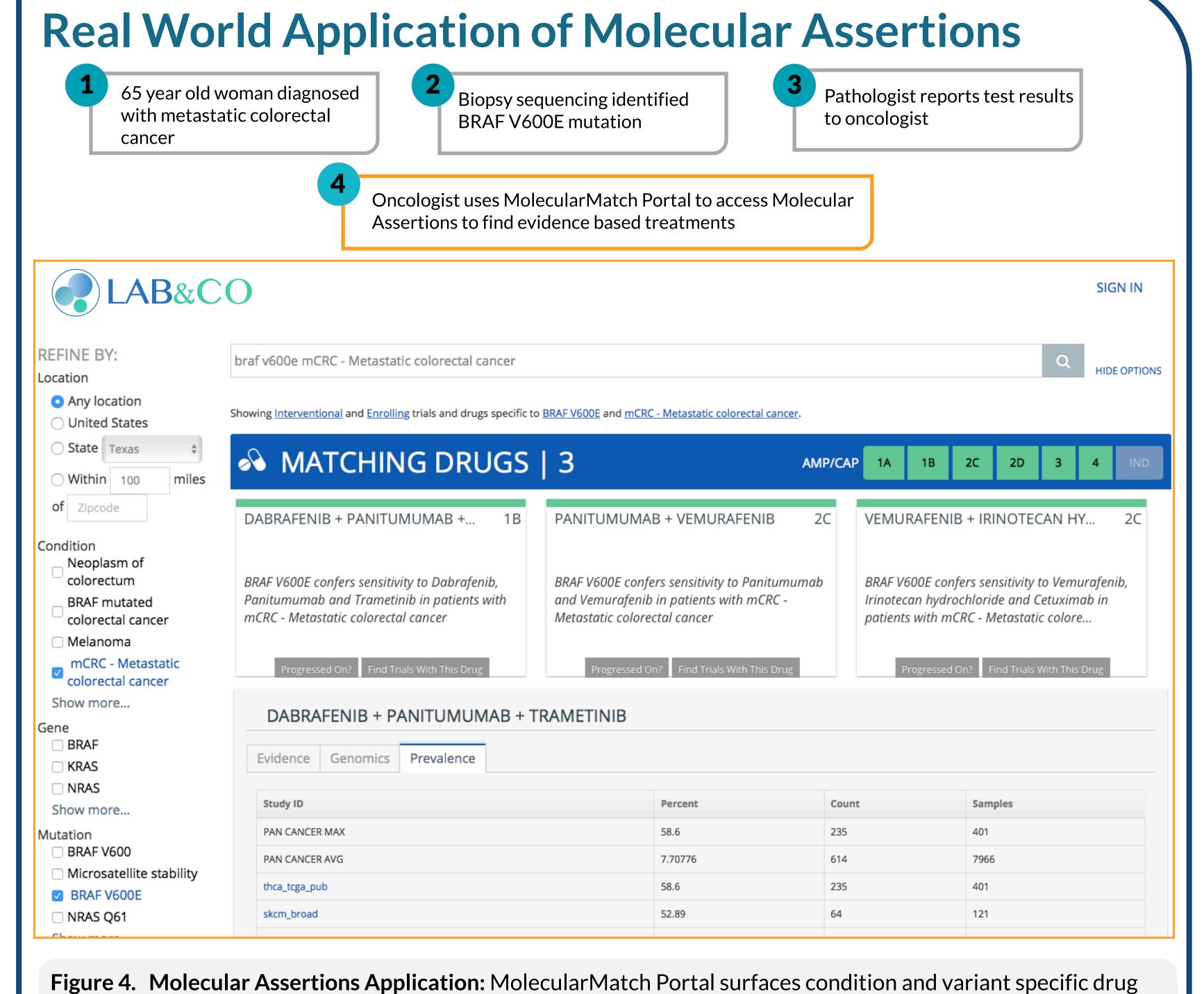
Mutations with evidence proceed to Curation and Medical Review (manual steps). Upon Release validation checks,

Discovery. Evidence Acquisition is through MMPower Publications search with Google Scholar comparisons.

tier calculations, and conflict flags are run and released versions create monitored scenarios for auto updates.

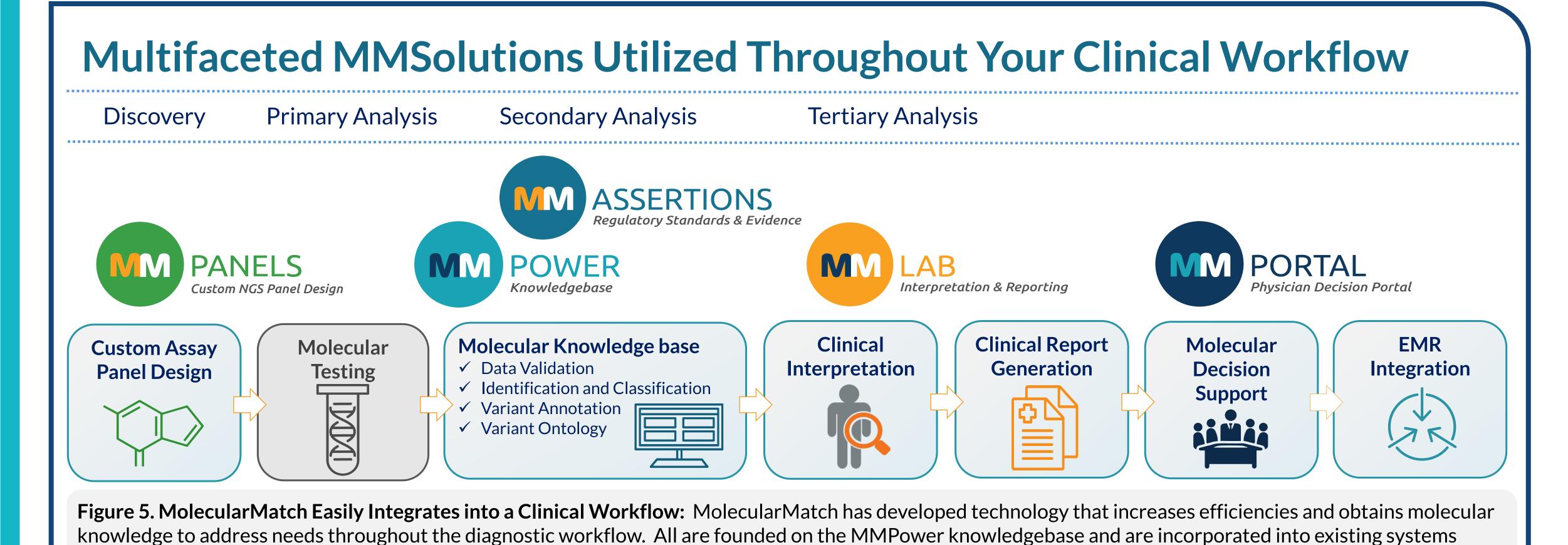


and/or ingestion of legacy data.



recommendations assigned to evidence based tiers. Each drug card presents published evidence supporting the

molecular assertion, genomic information and variant cancer prevalence for the condition.





MolecularMatch

## **Available Curated Assertions**

Lung Cancer 4,636 595 Breast Cancer 365 Colorectal Cancer Hematological Cancer 551

## 2018 Advances:

Incorporate 350 more Genes, more than 10 additional Cancer Types and a total of 20,000 variants