PATIENT
EXAMPLE-LUNG-01

REPORT DATE 17-Apr-2025

Gender: Female | Birth year: 1975 | WHO: 1

Tumor: Lung - Adenocarcinoma | Lesions: Liver, Lung | Stage: IV

Summary

Clinical summary

Gender Female Birth year 1975

WHO 1 Tumor Lung - Adenocarcinoma

Lesions Liver, Lung Stage IV

Measurable disease Yes DPYD *1_HOM (Normal function)

(RECIST)

UGT1A1 *1_HOM (Normal function)

Relevant systemic treatment history 6/2023-1/2025 Osimertinib

Relevant other oncological history

Previous primary tumor

None

Relevant non-oncological history 2023 Rheumatoid arthritis

Recent molecular results KRAS G12C (0.3/2 copies)*, KRAS G12D (0.3/2 copies)*, NRAS: No reportable

events, BRAF: No reportable events, HER2: No reportable events, MSS

Recent molecular results

Hartwig WGS (22-Feb-2025)

Biopsy location Lung (purity 50%)

Molecular tissue of origin prediction Lung: Non-small cell: LUAD (98%)

Tumor mutational load / burden TML 160 / TMB 14 mut/Mb

Microsatellite (in)stability Stable

HR status Proficient (0)

Driver mutations EGFR C797S, EGFR L858R, KRAS G12C, KRAS G12D

Amplified genes None

Deleted genes TP53

Homozygously disrupted genes None

Gene fusions MET(exon13)::MET(exon15) fusion

Virus detection None

Potential trial events, considered no high driver None

IHC results

PD-L1 Score > 50%

Standard of care options considered potentially eligible

There are no standard of care treatment options for this patient

Trials in NL that are open and potentially eligible (4 cohorts from 4 trials)

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Trial	Cohort	Molecular	Sites	Warnings
METC 04 TEDR1	Lung cancer C797S cohort	EGFR C797S	NKI-AvL	None
METC 02 KAYRAS	Dose expansion - monotherapy - NSCLC	KRAS G12D	Erasmus MC	Variant(s) G12D in KRAS but subclonal likelihood of > 50%
EGFR-C797S- TRIAL	EGFR C797S	EGFR C797S	Elisabeth- TweeSteden Ziekenhuis	
EGFR-L858R- TRIAL	EGFR L858R	EGFR L858R	Elisabeth- TweeSteden Ziekenhuis	

Trials matched solely on molecular event and tumor type (no clinical data used) are shown in italicized, smaller font.

International trials that are open and potentially eligible (2 cohorts from 2 trials)

Trial	Cohort	Molecular	Sites
EGFR-BE	EGFR L858R	EGFR L858R	Belgium: Brussels
KRAS-G12C-TRIAL-DE	KRAS G12C	KRAS G12C	Germany: Stuttgart

International trials are matched solely on molecular event and tumor type (clinical data excluded).

Trials and cohorts that are considered ineligible (2)

Trial	Cohort	Molecu	Molecul Ineligibility reasons	
		ar		
METC 03 NO-SEE797ES	Dose escalation - monotherapy	EGFR C797S	C797S in EGFR in canonical transcript	
METC 02 KAYRAS	Dose expansion - monotherapy - Colorectum	KRAS G12D	No colorectal cancer	

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Resistance evidence

Resistance evidence

There are no standard of care treatment options for this patient

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Molecular Details

Hartwig WGS (EXAMPLE-LUNG-01-T, 22-Feb-2025)

General

Purity	Ploidy	TML Status	TMB Status	MS Stability	HR Status	DPYD	UGT1A1	
50%	2.3	High (160)	High (14)	Stable	Proficient (0)	*1 HOM (Normal function)	*1 HOM (Normal function)	

Predicted tumor origin

1. Lung: Non-small cell: LUAD

Combined prediction score	98%			
This score is calculated by combining information				
on:				
(1) SNV types	60%			
(2) SNV genomic localisation distribution	70%			
(3) Driver genes and passenger characteristics	80%			

Other cohorts have a combined prediction of 2% or lower

Drivers

Туре	Driver	Driver likelihood	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External
Mutation (Gain of function)	EGFR C797S (1/4 copies)		TEDR1 (NKI-AvL)	NCT00000008	Pre-clinical	
Mutation (Gain of function)	EGFR L858R (2/4 copies)			NCT00000006, NCT00000007	Approved	
Mutation (Gain of function)	KRAS G12C (0.3/2 copies)*			NCT00000009		
Mutation (Gain of function)	KRAS G12D (0.3/2 copies)*		KAYRAS (Erasmus			

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Туре	Driver	Driver likelihood	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External
Deletion	TP53 del, 0 copies	High				
Known fusion	MET(exon13)::MET(exon15) fusion	High				

^{*} Variant has > 50% likelihood of being sub-clonal

IHC results

PD-L1 Score > 50%

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Molecular History

Molecular history

Event	Description	Driver likelihood	2025-02-22 Hartwig WGS
EGFR L858R (Tier I)	Mutation (Gain of function)		VAF 0.5%
EGFR C797S (Tier II)	Mutation (Gain of function)		VAF 0.25%
KRAS G12C (Tier III)	Mutation (Gain of function)		VAF 0.15%
KRAS G12D (Tier III)	Mutation (Gain of function)		VAF 0.15%
MET(exon13)::MET(exon15) fusion (Tier III)	Known fusion Gain of function	High	Detected
TP53 del (Tier III)	Deletion Unknown protein effect	High	Detected
TMB			14.0
MSI			Stable

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SOC literature efficacy evidence

Standard of care options considered potentially eligible

The following standard of care treatment(s) could be an option for this patient. For further details per study see 'SOC literature details' section in extended report.

There are no standard of care treatment options for this patient

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Clinical Details

Clinical summary

Relevant systemic treatment history 6/2023-1/2025 Osimertinib

Relevant other oncological history None

Previous primary tumor None

Relevant non-oncological history 2023 Rheumatoid arthritis

Patient current details (20-Feb-2025)

Unresolved toxicities grade => 2

LVEF

50%

Cancer-related complications

Known allergies

None

Recent surgeries 01-Aug-2024 Cholecystectomy

Tumor details (20-Feb-2025)

Measurable disease Yes

CNS lesion status

No known CNS lesions

Brain lesion status

No known brain lesions

Active medication details

Medication	Administration route	Start date	Stop date	Dosage	Frequency
St. John's Wort	Oral	01-Feb-2023		300 MILLIGRAMS	1 / 2 DAYS

Blood transfusions

Product	Date
ERTHROCYTES_FILTERED	20-Sep-2024

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SOC literature details

There are no standard of care treatment options for this patient

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Molecular Evidence

On	label	clinical	evidence

Event	CKB Event	Level A	Level B	Level C	Level D
EGFR C797S	EGFR C797S				AFATINIB
					Lung non-small cell carcinoma (2015)
EGFR L858R	EGFR L858R	OSIMERTINIB			
		Lung non-small cell carcinom (2016)	a		
		AFATINIB			
		Lung non-small cell carcinom (2013)	a		
Off label clinic	al evidence				
Event	CKB Event	Level A	Level B	Level C	Level D
None					
Efficacy evide	nce description				
EGFR L858R					
OSIMERTINIB:		Level A (2016)		Lung non-small cell carcinoma	Osimertinib is effective in patients with EGFR L858R mutations
AFATINIB:		Level A (2013)		Lung non-small cell carcinoma	Afatinib is effective in patients with EGFR L858R mutations
EGFR C797S					
AFATINIB:		Level D (2015)		Lung non-small cell carcinoma	In a case-report, afatinib was effective against EGFR L858R/C797S positive lung cancer.
Treatment rank	king				
Treatment		Events	3	Score	
AFATINIB		EGFR	L858R	2,150	
		EGFR	C797S		
OSIMERTINIB		EGFR	L858R	1,900	

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Other Trial Matching Results

Trials in NL that are open and potentially eligible (2 cohorts from 2 trials)

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EGFR-L858R-TRIAL	EGFR L858R	EGFR L858R	Elisabeth-TweeSteden Ziekenhuis	

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