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 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)

Trial	Cohort	Molecular	Sites	Warnings
METC 04	Lung cancer C797S cohort	EGFR C797S	NKI-AvL	None
TEDR1				

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Trial	Cohort	Molecular	Sites	Warnings
METC 02	Dose expansion - monotherapy - NSCLC	KRAS G12D	Erasmus MC	Variant(s) G12D in KRAS but subclonal likelihood of > 50%
KAYRAS	NSCLC			50%
EGFR-C797S-	EGFR C797S	EGFR C797S	Elisabeth-	
<u>TRIAL</u>			TweeSteden	
			Ziekenhuis	
EGFR-L858R-	EGFR L858R	EGFR L858R	Elisabeth-	
<u>TRIAL</u>			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	Molecul	Ineligibility reasons
		ar	
METC 03 NO-SEE797ES	Dose escalation - monotherapy	EGFR C797S	C797S in EGFR in canonical transcript
METC 02 KAYBAS	Dose expansion - monotherapy -	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

Key drivers

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

The table continues on the next page

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Туре	Driver	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External
Mutation (gain of function)	KRAS G12D (0.3/2 copies)*	KAYRAS (Erasmus MC)			
* Variant has > 50% likelihood of being sub-clonal					
Other events					
Туре	Driver	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External

IHC results

None

PD-L1 Score > 50%

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Molecular History

Molecular history

Event	Description	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	Detected
TP53 del (Tier III)	Deletion Unknown protein effect	Detected
ТМВ		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 None

LVEF 50%

Cancer-related complications None

Known allergies None

Recent surgeries 01-Aug-2024 Cholecystectomy

Tumor details (20-Feb-2025)

Measurable disease Yes

Known lesions Liver, Lung

Unknown lesions None

No lesions present CNS, Brain, Bone, Lymph node

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 I	abel	clini	cal	evid	lence
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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 evider	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)

Trial	Cohort	Molecular	Sites	Warnings
EGFR-C797S-TRIAL	EGFR C797S	EGFR C797S	Elisabeth-TweeSteden Ziekenhuis	
EGFR-L858R-TRIAL	EGFR L858R	EGFR L858R	Elisabeth-TweeSteden Ziekenhuis	

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

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Trial Matching Details

Potentially eligible open trials & cohorts

METC 01

Potentially eligible	Yes
Acronym	IEMOEN
Title	Phase I first-in-human study to evaluate safety of IEMOEN, a new PD-L1 inhibitor in advanced solid tumors
Reference	Evaluation
I-03	WARN
	Has not exhausted SOC (at least platinum doublet remaining)
E-02	UNDETERMINED
	No measurement found for hemoglobin
E-03	UNDETERMINED
	No measurement found for absolute neutrophil count
E-01	PASS
	Has no other condition belonging to category autoimmune disease
I-01	PASS
	Patient is at least 18 years old
I-02	PASS
	Has solid primary tumor
	Stage IV is considered metastatic

METC 01 - Dose escalation - monotherapy

Cohort ID Potentially eligible? Yes Open for inclusion? Yes Has slots available? No

METC 01 - Dose expansion - monotherapy

Cohort ID Potentially eligible? Yes Open for inclusion? No Has slots available? No

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METC 02

Potentially eligible	Yes
Acronym	KAYRAS
Title	A phase 1/2 trial for first in-human usage of KAYRAS, a new specific KRAS G12D inhibitor in NSCLC and colorectal cancer
Reference	Evaluation
I-04	WARN
	Variant(s) G12D in KRAS but subclonal likelihood of > 50%
I-03	UNDETERMINED
	ASAT and ALAT are not present or cannot be evaluated
I-01	PASS
	Patient is at least 18 years old
I-02	PASS
	Stage IV is considered metastatic

METC 02 - Dose expansion - monotherapy - NSCLC

Cohort ID	A
Potentially eligible?	Yes
Open for inclusion?	Yes
Has slots available?	Yes
Reference	Evaluation
I-02	PASS
	Tumor belongs to DOID term(s) lung non-small cell carcinoma

METC 02 - Dose expansion - monotherapy - Colorectum

No colorectal cancer

В
No
Yes
Yes
Evaluation
FAIL

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METC 04

Potentially eligible	Yes
Acronym	TEDR1
Title	TEDR1 Trial: A phase II trial to evaluate efficacy of specific EGFR inhibitors in lung cancer
Reference	Evaluation
I-1	PASS
	Patient is at least 18 years old
I-2	PASS
	Stage IV is considered metastatic
	Tumor belongs to DOID term(s) lung cancer
I-3	PASS
	C797S in EGFR in canonical transcript

METC 04 - Lung cancer C797S cohort

Cohort ID Potentially eligible? Yes Open for inclusion? Yes Has slots available? Yes

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Other trials & cohorts

METC 03

Potentially eligible No

Acronym NO-SEE797ES

Title Phase I trial for development of NO-SEE797ES, a specific inhibitor for EGFR with C797 mutations but not C797S

in solid tumors

Reference Evaluation

I-03 FAIL

C797S in EGFR in canonical transcript

METC 03 - Dose escalation - monotherapy

Cohort ID A

Potentially eligible? No

Open for inclusion? Yes

Has slots available? Yes

METC 05

Potentially eligible No

Acronym PICKME3CA

Title A phase 1/2 trial of ABC123 +/- platinum doublet in PIK3CA-mutated solid cancer

Reference Evaluation

I-04 FAIL

No PIK3CA activating mutation(s)

METC 05 - Dose expansion - monotherapy - NSCLC

Cohort ID A
Potentially eligible? No
Open for inclusion? No
Has slots available? Yes

METC 05 - Dose expansion - monotherapy - Other cancer types

Cohort ID B
Potentially eligible? No
Open for inclusion? No
Has slots available? Yes

Reference Evaluation

I-03 FAIL

Tumor belongs to DOID term(s) lung non-small cell carcinoma