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 G12D (0.3/2 copies)\*, KRAS G12C (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

**Trial-relevant 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 -	KRAS G12D,	Erasmus MC	Variant(s) G12D in KRAS but subclonal likelihood of >
<u>KAYRAS</u>	NSCLC	PD-L1 >= 50.0		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 (1 cohort from 1 trial)

Trial	Cohort	Molecular	Sites
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	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, PD- L1 >= 50 0	No colorectal cancer	

<sup>1</sup> trial filtered due to trials recruiting nationally for the same molecular target. See Other Trial Matching Results for filtered matches.

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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 of	origin						
				1. Lung: Non-small	cell: LUAD		
Combined predic	tion score			98%			
This score is calculated by combining information on:							
(1) SNV types	3			60%			
(2) SNV genomic localisation distribution				70%			

80%

Other cohorts have a combined prediction of 2% or lower

(3) Driver genes and passenger characteristics

#### **Key drivers**

Туре	Driver	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External
Mutation (gain of function)	EGFR L858R (2/4 copies)		NCT00000006	Approved	
Mutation (gain of function)	EGFR C797S (1/4 copies)	TEDR1 (NKI-AvL)	NCT00000008	Pre-clinical	
Mutation (gain of function)	KRAS G12D (0.3/2 copies)*	KAYRAS (Erasmus MC)			
Mutation (gain of function)	KRAS G12C (0.3/2 copies)*		NCT00000009		
Deletion	TP53 del, 0 copies				
Known fusion	MET(exon13)::MET(exon15) fusion				

<sup>\*</sup> Variant has > 50% likelihood of being sub-clonal

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Other drivers or relevant events

Type Driver Trials (Locations) Trials in Hartwig Best evidence in Resistance in External External

None

**IHC** results

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					

#### **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 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	

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 (1 cohort from 1 trial)

Trial	Cohort	Molecular	Sites
KRAS-G12C-TRIAL-DE	KRAS G12C	KRAS G12C	Germany: Stuttgart

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

#### Filtered trials potentially eligible based on molecular results which are potentially recruiting (1)

EGFR-BE	EGFR L858R	EGFR L858R	Belgium: Brussels	
Trial	Cohort	Molecular	Sites	

<sup>1</sup> trial filtered due to trials recruiting nationally for the same molecular target. See Other Trial Matching Results for filtered matches.