PATIENT
EXAMPLE-LUNG-01

REPORT DATE 07-Nov-2024

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 None

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 High (160) / TMB High (14)

Microsatellite (in)stability Stable

HR status Proficient (0)

High driver mutations EGFR L858R, EGFR C797S, KRAS G12D, KRAS G12C

Amplified genes

Deleted genes

TP53

Homozygously disrupted genes

Gene fusions

Virus detection

None

None

Trial-relevant events, considered medium/low 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

## Approved treatments considered eligible

**Treatment** 

Not yet determined

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### Trials in The Netherlands that are open and potentially eligible (4 cohorts from 4 trials)

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

Open cohorts with no slots available are shown in grey.

Trials matched on molecular event and tumor type only (i.e. no clinical data used) are displayed in italic and small font.

### International trials that are open and potentially eligible (3 cohorts from 3 trials)

| Trial         | Cohort                    | Molecular  | Sites               | Warnings |
|---------------|---------------------------|------------|---------------------|----------|
| EGFR-BE       | EGFR L858R                | EGFR L858R | Belgium (Brussels)  |          |
| NCT00000019   | KRAS G12                  | KRAS G12C  | Belgium (Antwerpen) |          |
| KRAS-TRIAL-DE | KRAS activating mutations | KRAS G12C  | Germany (Stuttgart) |          |

Open cohorts with no slots available are shown in grey.

Trials matched on molecular event and tumor type only (i.e. no clinical data used) are displayed in italic and small font.

# Trials and cohorts that are considered ineligible (2)

| Trial                  | Cohort                                       | Molecular  | Sites      | Ineligibility reasons                 |
|------------------------|--|------------|------------|---------------------------------------|
| METC 03<br>NO-SEE797ES | Dose escalation - monotherapy                | EGFR C797S |            | C797S in EGFR in canonical transcript |
| METC 02<br>KAYRAS      | Dose expansion - monotherapy -<br>Colorectum | KRAS G12D  | Erasmus MC | No colorectal cancer                  |

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# Resistance evidence

There are no standard of care treatment options for this patient

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## **Molecular Details**

IHC results PD-L1: Score > 50%

## 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<br>External | Resistance in External |
|--------------------|----------------------------|-------------------|--------------------|----------------------------|------------------------------|------------------------|
| Mutation (Hotspot) | EGFR C797S (1/4 copies)    | High              | TEDR1 (NKI AvL)    | NCT0000008                 | Pre-clinical                 |                        |
| Mutation (Hotspot) | EGFR L858R (2/4 copies)    | High              |                    | NCT0000006,<br>NCT00000007 | Approved                     |                        |
| Mutation (Hotspot) | KRAS G12C (0.3/2 copies)*  | High              |                    | NCT0000019,<br>NCT00000009 |                              |                        |
| Mutation (Hotspot) | KRAS G12D (0.3/2 copies)*  | High              | KAYRAS (Erasmus MC | C)                         |                              |                        |
| Loss               | TP53 del, 0 copies         | High              |                    |                            |                              |                        |
| Known fusion       | MET_MET, exon 14 - exon 14 | High              |                    |                            |                              |                        |

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

All results and data described in this report are for Research Use Only and have NOT been generated using a clinically validated and controlled procedure nor is it a validated medical device. The results should NOT be used for diagnostic or treatment purposes. No rights can be derived from the content of this report.

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# **Molecular History**

## **Molecular history**

| Event                   | Description                         | Driver likelihood | 2025-02-22<br>Hartwig WGS |
|-------------------------|-------------------------------------|-------------------|---------------------------|
| EGFR L858R<br>(Tier I)  | Mutation (Hotspot) Gain of function | High              | VAF 0.5%                  |
| EGFR C797S<br>(Tier II) | Mutation (Hotspot) Gain of function | High              | VAF 0.25%                 |
| KRAS G12C<br>(Tier III) | Mutation (Hotspot) Gain of function | High              | VAF 0.15%                 |
| KRAS G12D<br>(Tier III) | Mutation (Hotspot) Gain of function | High              | VAF 0.15%                 |
| MET_MET<br>(Tier III)   | Known fusion Gain of function       | High              | Detected                  |
| TP53 del<br>(Tier III)  | Loss<br>Unknown protein effect      | High              | 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

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 |
| Plood transfusions |                      |             |           |                |            |

#### **Blood transfusions**

| Product              | Date        |
|----------------------|-------------|
| ERTHROCYTES_FILTERED | 20-Sep-2024 |

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## **SOC literature details**

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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 carcinoma

(2016)

**AFATINIB** 

Lung non-small cell carcinoma

(2013)

Off label clinical evidence

Event CKB Event Level A Level B Level C Level D

Efficacy evidence 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.

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# **Trial Matching Chapter**

### Trials in The Netherlands that are open and potentially eligible (2 cohorts from 2 trials)

| Trial                | Cohort     | Molecular  | Sites                                  | Warnings |
|----------------------|------------|------------|--|----------|
| EGFR-C797S-<br>TRIAL | EGFR C797S | EGFR C797S | Elisabeth-<br>TweeSteden<br>Ziekenhuis |          |
| EGFR-L858R-<br>TRIAL | EGFR L858R | EGFR L858R | Elisabeth-<br>TweeSteden<br>Ziekenhuis |          |

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## International trials that are open and potentially eligible (3 cohorts from 3 trials)

| Trial         | Cohort                    | Molecular  | Sites               | Warnings |
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