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

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

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

#### 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-TRIA	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 Molecular Sites Ineligibility reasons
METC 03 NO-SEE797ES	Dose escalation - monotherapy EGFR C797S C797S in EGFR in canonical transcript
METC 02 KAYRAS	Dose expansion - monotherapy - Colorectum KRAS G12D Erasmus MC No colorectal cancer

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### Resistance evidence

		ev		

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	l tumor origir	1					
						1. Lung: Non-small cell:	LUAD
Combine	d prediction	score				98%	
This score	e is calculated	by combining inform	nation on:				
(1) S	SNV types					60%	
(2) S	SNV genomic	localisation distributio	on			70%	
(3) [	(3) Driver genes and passenger characteristics 80%						
Other coho	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 (Hotspot)	EGFR C797S (1/4 copies)	High	TEDR1 (NKI-AvL)	NCT00000008	Pre-clinical	
Mutation (Hotspot)	EGFR L858R (2/4 copies)	High		NCT00000006, NCT00000007	Approved	
Mutation (Hotspot)	KRAS G12C (0.3/2 copies)*	High		NCT00000009		
Mutation (Hotspot)	KRAS G12D (0.3/2 copies)*	High	KAYRAS (Erasmus MC)			
Loss	TP53 del, 0 copies	High				
Known fusion	MET_MET, exon 14 - exon 14	High				
* Variant has > 50% like	elihood of being sub-clonal					

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## **Molecular History**

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

ment history	6/2023-1/2025	Osimertinib				
ical history	None					
	None					
al history	2023	Rheumatoid arthri	tis			
ils (20-Feb-2025)						
ade => 2	None					
	50%					
ations	None					
	None					
	01-Aug-2024 Ch	nolecystectomy				
eb-2025)						
	Yes					
	No known CNS	lesions				
	No known brair	No known brain lesions				
etails						
Administration route	Start date	Stop date	Dosage	Frequency		
Oral	01-Feb-2023		300 MILLIGRAMS	1 / 2 DAYS		
			Date			
ERED			20-Sep-2024			
		None   None   None	None None Sal history  2023 Rheumatoid arthrivials (20-Feb-2025)  ade => 2  None 50% Ations  None 01-Aug-2024 Cholecystectomy  ab-2025)  Yes No known CNS lesions No known brain lesions  etails  Administration route Start date Oral  01-Feb-2023	None None Al history 2023 Rheumatoid arthritis  Ils (20-Feb-2025)  Ide => 2 None 50% Ide => 2 None None None 01-Aug-2024 Cholecystectomy  Peb-2025)  Yes No known CNS lesions No known brain lesions  Petails  Administration route Start date Stop date Dosage Oral 01-Feb-2023 Date		

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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 o	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	Leve	el C	Level D
None						
Efficacy evidence	e description					
EGFR L858R						
OSIMERTINIB:		Level A (2016)	Lung non-small cell ca	rcinoma	Osimertinib	is effective in patients with R mutations
AFATINIB:		Level A (2013)	Lung non-small cell ca	rcinoma	Afatinib is ef L858R muta	fective in patients with EGFR tions
EGFR C797S						
AFATINIB:		Level D (2015)	Lung non-small cell ca	rcinoma		port, afatinib was effective R L858R/C797S positive lung

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### **Trial Matching Overview**

Trials in NL that are open	and potentially eligible (	(2 cohorts from 2 trials)
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Trial	Cohort Molecular Sites			
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).			

Filtered trials potentially eligible based on molecular results which are potentially recruiting (0)

None