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

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

Trial	Cohort	Molecular	Warnings
METC 04 TEDR1	Lung cancer C797S cohort	EGFR C797S	None
METC 02 KAYRAS	Dose expansion - monotherapy - NSCLC	KRAS G12D	Variant(s) KRAS G12D in KRAS but subclonal likelihood of > 50%

### Example trials that are open and potentially eligible but currently have no slots available (0)

None

### External trials potentially eligible based on molecular results which are potentially recruiting locally in Netherlands (2)

Trial title	Events	Source Events	Cancer Types	Hospitals
EGFR-C797S-TRIAL	EGFR C797S	EGFR C797S	Lung non-small cell carcinoma	Elisabeth- TweeSteden Ziekenhuis
EGFR-L858R-TRIAL	EGFR L858R	EGFR L858R	Lung non-small cell carcinoma	Elisabeth- TweeSteden Ziekenhuis

### External trials potentially eligible based on molecular results which are potentially recruiting internationally (2)

Trial title	Events	Source Events	Cancer Types	Country (cities)
EGFR-BE	EGFR L858R	EGFR L858R	Lung non-small cell carcinoma	Belgium (Brussels)
KRAS-G12C-TRIAL-DE	KRAS G12C	KRAS G12C	Lung non-small cell carcinoma	Germany (Stuttgart)

### Example trials and cohorts that are considered ineligible (4)

Trial	Cohort	Molecular	Ineligibility reasons
METC 02 KAYRAS	Dose expansion - monotherapy - Colorectum	KRAS G12D	No colorectal cancer
METC 03 NO-SEE797ES	Dose escalation - monotherapy		C797S in EGFR in canonical transcript
METC 05 PICKME3CA	Applies to all cohorts below  Dose expansion - monotherapy -  NSCLC	None	No PIK3CA activating mutation(s)
	Dose expansion - monotherapy - Other cancer types		Tumor belongs to DOID term(s) lung non-small cell carcinoma

Open cohorts with no slots available are shown in grey.

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### Resistance evidence

There are no standard of care treatment options for this patient

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### **Molecular Details**

PD-L1: Score > 50% **IHC** results

### 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 in Example	Trials in Hartwig	Best evidence in External	Resistance in External
Mutation (Hotspot)	EGFR C797S (1/4 copies)	High	TEDR1	NCT0000008	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			
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

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### **Molecular History**

### **Molecular history**

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

ERTHROCYTES\_FILTERED

Medication	Administration route	Start date	Stop date	Dosage	Frequency	
St. John's Wort	Oral	01-Feb2023		300 MILLIGRAMS	1 / 2 DAYS	
Blood transfusion	s					
Product				Date		

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)

C.

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 Summary**

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EGFR-L858R-TRIAL	EGFR L858R	EGFR L858R	Lung non-small cell carcinoma	Elisabeth- TweeSteden Ziekenhuis

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