PATIENT
EXAMPLE-LUNG-01

**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 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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### Trials in NL that are open and potentially eligible (4 cohorts from 4 trials)

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- 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).

### 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

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

#### **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)			

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Туре	Driver	Driver likelihood	Trials (Locations)	Trials in Hartwig	Best evidence in External	Resistance in External
Deletion	TP53 del, 0 copies	High				
Known fusion	MET::MET, exon 13 - exon 15	High				

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

#### **IHC** results

PD-L1 Score > 50%

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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)	Deletion 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

LVEF

50%

Cancer-related complications

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

#### **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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cancer.

### **Molecular Evidence**

	clin		

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	OSIMERTINIR			

OSIMERTINIB

Lung non-small cell carcinoma

(2016)

**AFATINIB** 

Lung non-small cell carcinoma

(2013)

Off label clinical evidence

**CKB Event** Level A Level B Level C Level D **Event** 

None

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** Level D (2015) AFATINIB: Lung non-small cell carcinoma In a case-report, afatinib was effective against EGFR L858R/C797S positive lung

**Treatment ranking** 

**Events Treatment** Score **AFATINIB** EGFR L858R, EGFR C797S 2150.0 **OSIMERTINIB** EGFR L858R 1900.0

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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-	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
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KRAS-G12C-TRIAL-DE	KRAS G12C	KRAS G12C	Germany (Stuttgart)

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