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 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 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
Potential trial events, considered no high 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

Trials in NL that are open and potentially eligible (3 cohorts from 3 trials)

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| Trial | Cohort | Molecular | Sites | Warnings |
|---------------|--------------------------------|------------|------------|---|
| METC 04 | Lung cancer C797S cohort | EGFR C797S | NKI-AvL | None |
| TEDR1 | | | | |
| METC 02 | Dose expansion - monotherapy - | KRAS G12D | Erasmus MC | Variant(s) G12D in KRAS but subclonal likelihood of > |
| KAYRAS | NSCLC | | | 50% |
| 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 | 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 | No colorectal cancer |

¹ trial filtered due to eligible local trials for the same molecular target and/or the trial is for young adult patients. See Other Trial Matching Results for filtered matches.

¹ 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 turn | nor origin | | | | | | |
| | | | | 1. Lung: Non-sma | all cell: LUAD | | |
| Combined pr | Combined prediction score 98% | | | | | | |
| This score is o | calculated by combin | ing information on: | | | | | |
| (1) SNV types 60% | | | 60% | | | | |
| (2) SNV | (2) SNV genomic localisation distribution 70% | | | | | | |
| (3) Drive | er genes and passeng | er characteristics | | 80% | | | |

Other cohorts have a combined prediction of 2% or lower

Drivers

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

^{*} Variant has > 50% likelihood of being sub-clonal

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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

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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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 evide | 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 (1 cohort from 1 trial)

| Trial | Cohort | Molecular | Sites | Warnings |
|------------------|------------|------------|------------------------------------|----------|
| 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.

1 trial filtered due to eligible local trials for the same molecular target and/or the trial is for young adult patients. See Other Trial Matching Results for filtered matches.

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 (2)

| Trial | Cohort | Molecular | Sites |
|------------------|------------|------------|---------------------------------|
| EGFR-C797S-TRIAL | EGFR C797S | EGFR C797S | Elisabeth-TweeSteden Ziekenhuis |
| EGFR-BE | EGFR L858R | EGFR L858R | Belgium: Brussels |

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