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

PATIENT
EXAMPLE-LUNG-01
REPORT DATE
17-Apr-2025

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 |

PATIENT
EXAMPLE-LUNG-01
REPORT DATE
17-Apr-2025

Resistance evidence

Resistance evidence

There are no standard of care treatment options for this patient

PATIENT EXAMPLE-LUNG-01 REPORT DATE 17-Apr-2025

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) | | | |

The table continues on the next page

PATIENT EXAMPLE-LUNG-01 REPORT DATE 17-Apr-2025

Continued from the previous page

| 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 | | | | |

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

IHC results

PD-L1 Score > 50%

PATIENT
EXAMPLE-LUNG-01
REPORT DATE
17-Apr-2025

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 |

PATIENT EXAMPLE-LUNG-01

REPORT DATE 17-Apr-2025

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

PATIENT

EXAMPLE-LUNG-01

REPORT DATE

17-Apr-2025

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 |

PATIENT EXAMPLE-LUNG-01

REPORT DATE 17-Apr-2025

SOC literature details

There are no standard of care treatment options for this patient

PATIENT EXAMPLE-LUNG-01 REPORT DATE 17-Apr-2025

Molecular Evidence

| On I | abel | clini | cal | evid | lence |
|------|------|-------|-----|------|-------|
|------|------|-------|-----|------|-------|

| 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 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. |

PATIENT EXAMPLE-LUNG-01 REPORT DATE 17-Apr-2025

Other Trial Matching Results

Trials in NL that are open and potentially eligible (2 cohorts from 2 trials)

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

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

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