



Sample Information

Patient Name: 曾守智
Gender: Male
ID No.: U120212568
History No.: 25630904
Age: 48

Ordering Doctor: DOC3069L 孫瑞璘
Ordering REQ.: 0BCMZZX
Signing in Date: 2021/02/24

Path No.: S110-98261
MP No.: F21016
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: S110-75021C
Percentage of tumor cells: 50%
Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

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Relevant Non-Small Cell Lung Cancer Variants

Gene	Finding	Gene	Finding
ALK	Not detected	NTRK1	Not detected
BRAF	Not detected	NTRK2	Not detected
EGFR	Not detected	NTRK3	Not detected
ERBB2	Not detected	RET	Not detected
KRAS	Not detected	ROS1	Not detected
MET	Not detected		

Relevant Biomarkers

Tier	Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
IIC	CCND1 amplification cyclin D1	None	None	6

Public data sources included in relevant therapies: FDA1, NCCN, EMA2, ESMO

Tier Reference: Li et al. *Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer: A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists.* J Mol Diagn. 2017 Jan;19(1):4-23.

Variant Details

DNA Sequence Variants

Gene	Amino Acid Change	Coding	Variant ID	Locus	Allele Frequency	Transcript	Variant Effect	Coverage
JAK1	p.(=)	c.2199A>G	.	chr1:65310489	48.34%	NM_002227.3	synonymous	1961
ALK	p.(D1529E)	c.4587C>G	.	chr2:29416366	100.00%	NM_004304.4	missense	1998
ALK	p.(I1461V)	c.4381A>G	.	chr2:29416572	99.80%	NM_004304.4	missense	2000
ALK	p.(=)	c.3375C>A	.	chr2:29445458	99.95%	NM_004304.4	synonymous	1991
FGFR3	p.(=)	c.1953G>A	.	chr4:1807894	99.95%	NM_000142.4	synonymous	1993
PDGFRA	p.(=)	c.1701A>G	.	chr4:55141055	99.90%	NM_006206.5	synonymous	1999
FGFR4	p.(P136L)	c.407C>T	.	chr5:176517797	98.65%	NM_213647.2	missense	2000
RET	p.(=)	c.2307G>T	.	chr10:43613843	52.13%	NM_020975.4	synonymous	1997

Copy Number Variations

Gene	Locus	Copy Number
CCND1	chr11:69456942	7.92

Biomarker Descriptions

CCND1 (cyclin D1)

Background: The CCND1 gene encodes the cyclin D1 protein, a member of the highly conserved D-cyclin family that also includes CCND2 and CCND3^{1,2,3}. D-type cyclins are known to regulate cell cycle progression by binding to and activating cyclin dependent kinases (CDKs), specifically CDK4 and CDK6, which leads to the phosphorylation and inactivation of the retinoblastoma (RB1) protein^{1,2}. Consequently, RB1 inactivation results in E2F transcription factor activation and cellular G1/S phase transition thereby resulting in cell cycle progression, a common event observed in tumorigenesis^{1,2,4}. Aberrations in the D-type cyclins have been observed to promote tumor progression suggesting an oncogenic role for CCND1^{3,5}.

Alterations and prevalence: Recurrent somatic alterations to CCND1, including mutations, amplifications, and chromosomal translocations, are observed in many cancer types. A common mechanism of these alterations is to increase the expression and nuclear localization of the cyclin D1 protein. Recurrent somatic mutations include missense mutations at codons T286 and P287 and c-terminal truncating mutations that are enriched in about 33% of uterine cancer, and missense mutations at Y44 that are enriched in about 50% of Mantle cell lymphoma (MCL)^{6,7,8,9}. These mutations block phosphorylation-dependent nuclear export and proteolysis^{10,11,12,13}. CCND1 is recurrently amplified in many cancer types, including up to 35% of esophageal cancer, 20-30% of head and neck cancer, and 10-20% of breast, squamous lung, and bladder cancers^{6,8,14}. MCL is genetically characterized by the t(11;14) (q13;q13) translocation, a rearrangement that juxtaposes CCND1 to the immunoglobulin heavy (IgH) chain gene. This rearrangement leads to constitutive expression of cyclin D1 and plays an important role in MCL pathogenesis^{15,16}.

Potential relevance: Currently, no therapies are approved for CCND1 aberrations.

Relevant Therapy Summary

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ☒ No evidence

CCND1 amplification

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
abemaciclib	×	×	×	×	● (II)
palbociclib	×	×	×	×	● (II)
siremadlin, ribociclib	×	×	×	×	● (II)

* Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

Clinical Trials Summary

CCND1 amplification

NCT ID	Title	Phase
NCT02664935	National Lung Matrix Trial: Multi-drug, Genetic Marker-directed, Non-comparative, Multi-centre, Multi-arm Phase II Trial in Non-small Cell Lung Cancer	II
NCT03310879	A Phase II Study of the CDK4/6 Inhibitor Abemaciclib in Patients With Solid Tumors Harboring Genetic Alterations in Genes Encoding D-type Cyclins or Amplification of CDK4 or CDK6	II
NCT04116541	MegaMOST - A Multicenter, Open-label, Biology Driven, Phase II Study Evaluating the Activity of Anti-cancer Treatments Targeting Tumor Molecular Alterations /Characteristics in Advanced / Metastatic Tumors.	II
NCT03297606	Canadian Profiling and Targeted Agent Utilization Trial (CAPTUR): A Phase II Basket Trial	II
NCT03155620	NCI-COG Pediatric MATCH (Molecular Analysis for Therapy Choice) Screening Protocol	II
NCT03526250	NCI-COG Pediatric MATCH (Molecular Analysis for Therapy Choice) - Phase 2 Subprotocol of Palbociclib in Patients With Tumors Harboring Activating Alterations in Cell Cycle Genes	II

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

References

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