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Date: 24 Feb 2021 1 of 5

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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Report Highlights

- 1 Relevant Biomarkers0 Therapies Available
- 6 Clinical Trials

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 | None | None | 6 |
| | cyclin D1 | | | |

 $\textbf{Public data sources included in relevant the rapies: FDA1, NCCN, EMA2, ESMO}$

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.

No evidence

Variants (Exclude variant in Taiwan BioBank with >1% allele frequency)

| 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 (lgH) 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.

O In other cancer type

Relevant Therapy Summary

In this cancer type

| in other cancer type | In this cancer | type and other car | icei types | No evident | |
|----------------------|----------------|--------------------|---------------|--------------------------|-----------------------------------|
| n | | | | | |
| | FDA | NCCN | EMA | ESMO | Clinical Trials* |
| | × | × | × | × | (II) |
| | × | × | × | × | (II) |
| | × | × | × | × | (II) |
| | , | FDA X | FDA NCCN X X | FDA NCCN EMA X X X X X | FDA NCCN EMA ESMO X X X X X X X |

In this cancer type and other cancer types

 $^{^{\}star}$ Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

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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 | П |
| 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 |

Date: 24 Feb 2021

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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