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Sample Information

Patient Name: 張丁水菊

Gender: Female **ID No.:** P202039335 **History No.:** 46436822

Age: 68

Ordering Doctor: DOC3109L 邱昭華

Ordering REQ.: D5C6K1C Signing in Date: 2020/09/03

Path No.: \$109-99967 **MP No.:** F20067

Assay: Oncomine Focus Assay

Sample Type: FFPE Block No.: \$109-27876A Percentage of tumor cells: 50%

Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

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Report Highlights

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Relevant Non-Small Cell Lung Cancer Findings

| 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 | CD74-ROS1 fusion | |
| MET | Not detected | | | |

Relevant Biomarkers

| Tier | Genomic Alteration | Relevant Therapies (In this cancer type) | Relevant Therapies (In other cancer type) | Clinical Trials |
|------|--|---|--|-----------------|
| IA | CD74-ROS1 fusion | crizotinib 1, 2 | None | 32 |
| | CD74 molecule - ROS proto-oncogene 1, receptor tyrosine kinase | entrectinib ¹ ceritinib | | |

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.



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Relevant Biomarkers (continued)

| Tier | Genomic Alteration | Relevant Therapies (In this cancer type) | Relevant Therapies (In other cancer type) | Clinical Trials |
|------|--------------------|--|--|-----------------|
| | | lorlatinib | | |

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 Varia | ants | | | | | | |
|--------|-------------------|-----------|------------|----------------|---------------------|----------------|----------------|----------|
| Gene | Amino Acid Change | Coding | Variant ID | Locus | Allele Frequency | Transcript | Variant Effect | Coverage |
| JAK1 | p.(=) | c.2199A>G | | chr1:65310489 | 48.44% | NM_002227.3 | synonymous | 1984 |
| ALK | p.(D1529E) | c.4587C>G | | chr2:29416366 | 99.95% | NM_004304.4 | missense | 1998 |
| ALK | p.(I1461V) | c.4381A>G | | chr2:29416572 | 99.75% | NM_004304.4 | missense | 2000 |
| ALK | p.(=) | c.3600G>C | | chr2:29443617 | 48.35% | NM_004304.4 | synonymous | 2000 |
| ALK | p.(=) | c.3375C>A | • | chr2:29445458 | 99.95% | NM_004304.4 | synonymous | 1995 |
| FGFR3 | p.(=) | c.1953G>A | | chr4:1807894 | 99.80% | NM_000142.4 | synonymous | 1998 |
| PDGFRA | p.(=) | c.1701A>G | | chr4:55141055 | 99.95% | NM_006206.5 | synonymous | 1999 |
| PDGFRA | p.(=) | c.2472C>T | • | chr4:55152040 | 45.30% | NM_006206.5 | synonymous | 1998 |
| FGFR4 | p.(P136L) | c.407C>T | | chr5:176517797 | 99.45% | NM_213647.2 | missense | 2000 |
| EGFR | p.(=) | c.2361G>A | | chr7:55249063 | 40.10% | NM_005228.4 | synonymous | 2000 |
| MET | p.(N375S) | c.1124A>G | | chr7:116340262 | 55.60% | NM_001127500.2 | missense | 2000 |

| Gene Fusions (RNA) | | |
|--------------------|--------------------------|---------------------------------|
| Genes | Variant ID | Locus |
| CD74-ROS1 | CD74-ROS1.C6R34.C0SF1200 | chr5:149784243 - chr6:117645578 |
| CD74-ROS1 | CD74-ROS1.C6R35 | chr5:149784243 - chr6:117642557 |

Biomarker Descriptions

ROS1 (ROS proto-oncogene 1, receptor tyrosine kinase)

Background: The ROS1 gene encodes the ROS proto-oncogene receptor tyrosine kinase 1 which exhibits structural similarity to anaplastic lymphoma kinase (ALK)^{1,2}. Like ALK, ROS1 is the target of recurrent chromosomal rearrangements that generate fusion proteins containing the intact ROS1 tyrosine kinase domain combined with numerous fusion partner genes³. ROS1 fusion kinases are constitutively activated and drive oncogenic transformation⁴.

Alterations and prevalence: ROS1 fusions occur in approximately 1-2% of patients with non-small cell lung cancer (NSCLC) and are also observed in cholangiocarcinoma, gastric cancer, ovarian cancer, and glioblastoma^{1,5,6,7,8,9}.



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Biomarker Descriptions (continued)

Potential relevance: The tyrosine kinase inhibitor, entrectinib¹0, is approved (2019) for the treatment of ROS1 fusion positive metastatic NSCLC. Crizotinib¹¹, originally approved for the treatment of ALK positive NSCLC (2011), is also approved (2016) for the treatment of ROS1 positive NSCLC¹². Acquired resistance to crizotinib in ROS1 positive NSCLC is associated with kinase domain mutations S1986F/Y, G2032R, D2033N, and L2155S¹³.¹⁴.¹⁵. The ROS1 tyrosine kinase inhibitor, repotrectinib¹⁶, was grated fast-track designation (2020) for ROS1 positive NSCLC. Ceritinib is a second generation ALK inhibitor approved (2017) for ALK positive NSCLC that has also shown efficacy in ROS1 positive NSCLC. In a phase II study, ceritinib demonstrated systemic and intra-cranial activity with an objective response rate (ORR) of 62% in patients with advanced ROS1 positive NSCLC¹². In addition to crizotinib and ceritinib, entrectinib is recommended for first-line treatment of ROS1-positive NSCLC¹³. Lorlatinib is a CNS-penetrant third-generation ALK and ROS1 inhibitor with preclinical activity against almost all known ALK and ROS1 resistance mutations¹9.²². Lorlatinib is currently FDA approved (2018) for ALK positive metastatic NSCLC. In a phase I study testing lorlatinib in advanced ROS1-positive NSCLC, objective response was observed in 6/12 (50%) of patients²¹. Lorlatinib is recommended for subsequent therapy in ROS1 fusion-positive NSCLC in patients who have progressed after treatment with crizotinib, entrectinib, or ceritinib¹³.

Relevant Therapy Summary

| In this cancer type In other cancer type | In this cancer type and other cancer types | Ocontraindicated | Both for use and contraindicated | X No evidence |
|--|--|------------------|----------------------------------|---------------|
|--|--|------------------|----------------------------------|---------------|

| CD74-ROS1 fusion | | | | | |
|---|-----|------|-----|------|------------------|
| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
| crizotinib | | | | | (IV) |
| entrectinib | • | • | × | × | (II/III) |
| ceritinib | × | • | × | • | (II) |
| lorlatinib | × | • | × | × | (II) |
| ipilimumab, nivolumab, radiation therapy, surgical intervention | × | × | × | × | (III) |
| bevacizumab + crizotinib | × | × | × | × | (II) |
| bevacizumab, atezolizumab, chemotherapy | × | × | × | × | (II) |
| bintrafusp alfa, chemoradiation therapy, durvalumab | × | × | × | × | (II) |
| brigatinib | × | × | × | × | (II) |
| cabozantinib | × | × | × | × | (II) |
| ensartinib | × | × | × | × | (II) |
| targeted therapy, chemotherapy | × | × | × | × | (II) |
| WX-0593 | × | × | × | × | (II) |
| CBT-502, anlotinib hydrochloride | × | × | × | × | (I/II) |
| ceritinib, trametinib | × | × | × | × | (/) |

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



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Relevant Therapy Summary (continued)

CD74-ROS1 fusion (continued)

| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|-------------------------|-----|------|-----|------|------------------|
| foritinib | × | × | × | × | (1/11) |
| repotrectinib | × | × | × | × | (I/II) |
| U3-1402 | × | × | × | × | (/) |
| APG-2449 | × | × | × | × | (I) |
| binimetinib, brigatinib | × | × | × | × | (I) |
| ceritinib, everolimus | × | × | × | × | (I) |
| RF-A089 | × | × | × | × | (I) |
| XZP-3621 | × | × | × | × | (I) |

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

Relevant Therapy Details

Current FDA Information

FDA information is current as of 2020-05-26. For the most up-to-date information, search www.fda.gov.

CD74-ROS1 fusion

crizotinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2019-06-25 Variant class: ROS1 fusion

Indications and usage:

XALKORI® is a kinase inhibitor indicated for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK) or ROS1-positive as detected by an FDA-approved test.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/202570s028lbl.pdf



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CD74-ROS1 fusion (continued)

entrectinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2019-08-15 Variant class: ROS1 fusion

Indications and usage:

ROZLYTREK® is a kinase inhibitor indicated for the treatment of:

- Adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are ROS1-positive.
- Adult and pediatric patients 12 years of age and older with solid tumors that:
 - have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation,
 - are metastatic or where surgical resection is likely to result in severe morbidity, and
 - have progressed following treatment or have no satisfactory alternative therapy

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/212726s000lbl.pdf



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Current NCCN Information

In this cancer type \(\Omega\) In other cancer type

In this cancer type and other cancer types

Contraindicated

Not recommended Resistance

NCCN information is current as of 2020-05-01. For the most up-to-date information, search www.nccn.org. For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

CD74-ROS1 fusion

ceritinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Advanced or metastatic disease; ROS1 rearrangement discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Advanced or metastatic disease; ROS1 rearrangement discovered during first-line systemic therapy; Complete planned systemic therapy, including maintenance therapy, or interrupt (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

crizotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

 Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Advanced or metastatic disease;ROS1 rearrangement discovered prior to during first-line systemic therapy (First-line therapy) (Preferred)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

entrectinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Advanced or metastatic disease; ROS1 rearrangement discovered prior to during first-line systemic therapy (First-line therapy) (Preferred)



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CD74-ROS1 fusion (continued)

lorlatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Advanced or metastatic disease; Becomes resistant to crizotinib, ceritinib, or entrectinib (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

crizotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

NCCN Recommendation category: 2B

Population segment (Line of therapy):

Non-Small Cell Lung Cancer; Brain metastases; Use agents active against primary tumor (Not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 2.2020]

afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

alectinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Alectinib, brigatinib, and ceritinib are not recommended in patients with ROS1 fusions whose disease becomes resistant to crizotinib."



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CD74-ROS1 fusion (continued)

brigatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Alectinib, brigatinib, and ceritinib are not recommended in patients with ROS1 fusions whose disease becomes resistant to crizotinib."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

cabozantinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

capmatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

ceritinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Alectinib, brigatinib, and ceritinib are not recommended in patients with ROS1 fusions whose disease becomes resistant to crizotinib."



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CD74-ROS1 fusion (continued)

cetuximab

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

dabrafenib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

dacomitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"



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CD74-ROS1 fusion (continued)

gefitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

osimertinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

selpercatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 4.2020]

trametinib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"



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CD74-ROS1 fusion (continued)

vandetanib

Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion

Summary:

NCCN Guidelines® include the following supporting statement(s):

"Specific targeted therapy for RET rearrangements, BRAF mutations, METex14 skipping mutations, and sensitizing EGFR mutations is not recommended as subsequent therapy in patients with ALK or ROS1 fusions who relapse on alectinib, brigatinib, crizotinib, ceritinib, or lorlatinib"



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Current EMA Information

EMA information is current as of 2020-05-26. For the most up-to-date information, search www.ema.europa.eu/ema.

CD74-ROS1 fusion

crizotinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2020-01-22 Variant class: ROS1 fusion

Reference:

https://www.ema.europa.eu/en/documents/product-information/xalkori-epar-product-information_en.pdf



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Date: 03 Sep 2020 13 of 14 **Current ESMO Information** Not recommended Resistance In this cancer type O In other cancer type In this cancer type and Contraindicated other cancer types ESMO information is current as of 2020-05-01. For the most up-to-date information, search www.esmo.org. CD74-ROS1 fusion crizotinib Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion ESMO Level of Evidence/Grade of Recommendation: III / A Population segment (Line of therapy): Stage IV; ESMO-Magnitude of Clinical Benefit Scale Version v1.1 Score: 3 (First-line therapy) ■ Stage IV; Have not received crizotinib in the first-line setting (Second line therapy) Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192-iv237; https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer] ceritinib Cancer type: Non-Small Cell Lung Cancer Variant class: ROS1 fusion ESMO Level of Evidence/Grade of Recommendation: III / C Population segment (Line of therapy): Crizotinib-naive (Not specified) Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192-iv237; https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer] **Signatures Testing Personnel: Laboratory Supervisor:** Pathologist:



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