



Sample Information

Patient Name: 張鐵軍
Gender: Male
ID No.: C101221506
History No.: 17484296
Age: 72

Ordering Doctor: DOC3016D 江起陸
Ordering REQ.: OBLVKNU
Signing in Date: 2021/10/06

Path No.: S110-99713
MP No.: F21081
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: C110-31606
Percentage of tumor cells: 60%

Reporting Doctor: DOC5466K 葉奕成 (Phone: 8#5466)

Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

Table of Contents	Page	Report Highlights
Variants (Exclude variant in Taiwan BioBank with >1% allele frequency)	2	1 Relevant Biomarkers
Biomarker Descriptions	2	2 Therapies Available
Relevant Therapy Summary	3	3 Clinical Trials
Relevant Therapy Details	3	
Clinical Trials Summary	6	
Alert Details	6	

Relevant Non-Small Cell Lung Cancer Variants

Gene	Finding	Gene	Finding
ALK	None detected	NTRK1	None detected
BRAF	None detected	NTRK2	None detected
EGFR	None detected	NTRK3	None detected
ERBB2	None detected	RET	None detected
KRAS	KRAS p.(G12C) c.34G>T	ROS1	None detected
MET	None detected		

Relevant Biomarkers

Tier	Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
IA	KRAS p.(G12C) c.34G>T KRAS proto-oncogene, GTPase Allele Frequency: 8.26% Prognostic significance: None Diagnostic significance: None	sotorasib ¹	cabozantinib	3

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

Public data sources included in prognostic and diagnostic significance: NCCN, 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.

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

DNA Sequence Variants

Gene	Amino Acid Change	Coding	Variant ID	Locus	Allele Frequency	Transcript	Variant Effect	Coverage
KRAS	p.(G12C)	c.34G>T	COSM516	chr12:25398285	8.26%	NM_033360.4	missense	1997
PIK3CA	p.(L429F)	c.1287G>C	.	chr3:178928009	8.08%	NM_006218.4	missense	458
FGFR1	p.(T726=)	c.2178T>G	.	chr8:38271771	6.03%	NM_001174067.1	synonymous	1858

Biomarker Descriptions

KRAS (KRAS proto-oncogene, GTPase)

Background: The KRAS proto-oncogene encodes a GTPase that functions in signal transduction and is a member of the RAS superfamily which also includes NRAS and HRAS. RAS proteins mediate the transmission of growth signals from the cell surface to the nucleus via the PI3K/AKT/MTOR and RAS/RAF/MEK/ERK pathways, which regulate cell division, differentiation, and survival^{1,2,3}.

Alterations and prevalence: Recurrent mutations in RAS oncogenes cause constitutive activation and are found in 20-30% of cancers. KRAS mutations are observed in up to 10-20% of uterine cancer, 30-35% of lung adenocarcinoma and colorectal cancer, and about 60% of pancreatic cancer⁴. The majority of KRAS mutations consist of point mutations occurring at G12, G13, and Q61^{4,5,6}. Mutations at A59, K117, and A146 have also been observed but are less frequent^{7,8}.

Potential relevance: The KRAS inhibitor, sotorasib⁹, is approved (2021) for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC). The FDA has granted breakthrough therapy designation (2021) to the small molecule inhibitor, adagrasib, for KRAS G12C positive in non-small cell lung cancer following prior systemic therapy¹⁰. The small molecular inhibitor, RO-5126766, was also granted breakthrough designation (2021) alone for KRAS G12V mutant non-small cell lung cancer or in combination with defactinib, for KRAS mutant endometrial carcinoma and KRAS G12V mutant non-small cell lung cancer¹¹. Additionally, onvansertib¹² was granted fast track designation (2020) for second-line treatment of patients with KRAS-mutated metastatic colorectal cancer (mCRC). The EGFR antagonists, cetuximab¹³ and panitumumab¹⁴, are contraindicated for treatment of colorectal cancer patients with KRAS mutations in exon 2 (codons 12 and 13), exon 3 (codons 59 and 61), and exon 4 (codons 117 and 146)⁸. Additionally, KRAS mutations are associated with poor prognosis in NSCLC¹⁵.

Relevant Therapy Summary

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

KRAS p.(G12C) c.34G>T

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
sotorasib	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
cabozantinib	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
D-1553	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> (I/II)
RMC-4630, pembrolizumab	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> (I/II)
mRNA-5671, pembrolizumab	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> (I)

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

Relevant Therapy Details

Current FDA Information

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types

FDA information is current as of 2021-08-18. For the most up-to-date information, search www.fda.gov.

KRAS p.(G12C) c.34G>T

☒ sotorasib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-05-28

Variant class: KRAS G12C mutation

Indications and usage:

LUMAKRAS™ is an inhibitor of the RAS GTPase family indicated for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA-approved test, who have received at least one prior systemic therapy. This indication is approved under accelerated approval based on overall response rate (ORR) and duration of response (DOR). Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/214665s000lbl.pdf

Current NCCN Information

☒ In this cancer type ☐ In other cancer type ☐ In this cancer type and other cancer types

NCCN information is current as of 2021-08-02. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

KRAS p.(G12C) c.34G>T

☒ sotorasib

Cancer type: Non-Small Cell Lung Cancer

Variant class: KRAS G12C mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-squamous Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

Current ESMO Information

☒ In this cancer type ☐ In other cancer type ☐ In this cancer type and other cancer types

ESMO information is current as of 2021-08-02. For the most up-to-date information, search www.esmo.org.

KRAS p.(G12C) c.34G>T

☐ cabozantinib

Cancer type: Thyroid Gland Medullary Carcinoma **Variant class:** RAS mutation

ESMO Level of Evidence/Grade of Recommendation: II / C

Population segment (Line of therapy):

- Metastatic (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Thyroid Cancer [Annals of Oncology 30: 1856–1883, 2019 doi:10.1093/annonc/mdz400]

Clinical Trials in Taiwan region:

Clinical Trials Summary

KRAS p.(G12C) c.34G>T

NCT ID	Title	Phase
NCT03948763	A Phase I, Open-Label, Multicenter Study to Assess the Safety and Tolerability of mRNA-5671/V941 as a Monotherapy and in Combination With Pembrolizumab in Participants With KRAS Mutant Advanced or Metastatic Non-Small Cell Lung Cancer, Colorectal Cancer or Pancreatic Adenocarcinoma	I
NCT04418661	A Phase 1/2, Open-label, Multicenter, Dose Escalation and Dose Expansion Study of SAR442720 in Combination With Pembrolizumab in Patients With Advanced Malignancies	I/II
NCT04585035	A Phase I/II, Open Label Study to Evaluate the Safety, Tolerability, Pharmacokinetics and Efficacy of D-1553 in Subjects With Advanced or Metastatic Solid Tumors With KRasG12C Mutation	I/II

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated
  Not recommended
  Resistance
  Breakthrough
  Fast Track

FDA information is current as of 2021-08-18. For the most up-to-date information, search www.fda.gov.

KRAS p.(G12C) c.34G>T

cetuximab

Cancer type: Colorectal Cancer

Label as of: 2021-04-06

Variant class: KRAS G12 mutation

Indications and usage:

Erbixux® is an epidermal growth factor receptor (EGFR) antagonist indicated for treatment of:

Head and Neck Cancer

- Locally or regionally advanced squamous cell carcinoma of the head and neck in combination with radiation therapy.
- Recurrent locoregional disease or metastatic squamous cell carcinoma of the head and neck in combination with platinum-based therapy with fluorouracil.
- Recurrent or metastatic squamous cell carcinoma of the head and neck progressing after platinum-based therapy.

Colorectal Cancer

K-Ras wild-type, EGFR-expressing, metastatic colorectal cancer as determined by FDA-approved test

- in combination with FOLFIRI for first-line treatment,
- in combination with irinotecan in patients who are refractory to irinotecan-based chemotherapy,
- as a single agent in patients who have failed oxaliplatin- and irinotecan-based chemotherapy or who are intolerant to irinotecan.

Limitations of Use: Erbixux® is not indicated for treatment of Ras-mutant colorectal cancer or when the results of the Ras mutation tests are unknown.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/125084s277s280lbl.pdf

KRAS p.(G12C) c.34G>T (continued)

panitumumab

Cancer type: Colorectal Cancer

Label as of: 2017-06-29

Variant class: KRAS G12 mutation

Indications and usage:

VECTIBIX® is an epidermal growth factor receptor (EGFR) antagonist indicated for the treatment of wild-type RAS (defined as wild-type in both KRAS and NRAS as determined by an FDA-approved test for this use) metastatic colorectal cancer (mCRC):

- In combination with FOLFOX for first-line treatment.
- As monotherapy following disease progression after prior treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy.
- Limitation of Use: VECTIBIX® is not indicated for the treatment of patients with RAS-mutant mCRC or for whom RAS mutation status is unknown.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125147s207lbl.pdf

adagrasib

Cancer type: Non-Small Cell Lung Cancer

Variant class: KRAS G12C mutation

Supporting Statement:

The FDA has granted Breakthrough Designation to the small molecule inhibitor, adagrasib, for KRAS G12C positive in non-small cell lung cancer following prior systemic therapy.

Reference:

<https://ir.mirati.com/press-releases/press-release-details/2021/Mirati-Therapeutics-Adagrasib-Receives-Breakthrough-Therapy-Designation-from-U.S.-Food-and-Drug-Administration-for-Patients-with-Advanced-Non-Small-Cell-Lung-Cancer-Harboring-the-KRAS-G12C-Mutation/default.aspx>

defactinib + RO-5126766

Cancer type: Endometrial Carcinoma

Variant class: KRAS mutation

Supporting Statement:

The FDA has granted Breakthrough Designation to the small molecule inhibitor, RO-5126766 alone for KRAS G12V mutant non-small cell lung cancer or in combination with defactinib, for KRAS mutant endometrial carcinoma and KRAS G12V mutant non-small cell lung cancer.

Reference:

<https://investor.verastem.com//news-releases/news-release-details/verastem-oncology-receives-breakthrough-therapy-designation-vs>

bevacizumab + onvansertib + FOLFIRI

Cancer type: Colorectal Cancer

Variant class: KRAS mutation

Supporting Statement:

The FDA has granted Fast Track Designation to the Polo-like Kinase 1 (PLK1) inhibitor, onvansertib, in combination with FOLFIRI and bevacizumab, for KRAS mutations in metastatic colorectal cancer in the second line.

Reference:

<https://cardiffoncology.investorroom.com/2020-05-28-Cardiff-Oncology-Announces-Fast-Track-Designation-Granted-by-the-FDA-to-Onvansertib-for-Second-Line-Treatment-of-KRAS-Mutated-Colorectal-Cancer>

Current NCCN Information

 Contraindicated
  Not recommended
  Resistance
  Breakthrough
  Fast Track

NCCN information is current as of 2021-08-02. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

KRAS p.(G12C) c.34G>T

cetuximab

Cancer type: Colon Cancer

Variant class: KRAS exon 2 mutation

Summary:

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

- "Patients with any known KRAS mutation (exon 2, 3, 4) or NRAS mutation (exon 2, 3, 4) should not be treated with either cetuximab or panitumumab."

Reference: NCCN Guidelines® - NCCN-Colon Cancer [Version 2.2021]

cetuximab

Cancer type: Rectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

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

- "Patients with any known KRAS mutation (exon 2, 3, 4) or NRAS mutation (exon 2, 3, 4) should not be treated with either cetuximab or panitumumab."

Reference: NCCN Guidelines® - NCCN-Rectal Cancer [Version 1.2021]

panitumumab

Cancer type: Colon Cancer

Variant class: KRAS exon 2 mutation

Summary:

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

- "Patients with any known KRAS mutation (exon 2, 3, 4) or NRAS mutation (exon 2, 3, 4) should not be treated with either cetuximab or panitumumab."

Reference: NCCN Guidelines® - NCCN-Colon Cancer [Version 2.2021]

panitumumab

Cancer type: Rectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

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

- "Patients with any known KRAS mutation (exon 2, 3, 4) or NRAS mutation (exon 2, 3, 4) should not be treated with either cetuximab or panitumumab."

Reference: NCCN Guidelines® - NCCN-Rectal Cancer [Version 1.2021]

Current EMA Information

 Contraindicated
  Not recommended
  Resistance
  Breakthrough
  Fast Track

EMA information is current as of 2021-08-18. For the most up-to-date information, search www.ema.europa.eu/ema.

KRAS p.(G12C) c.34G>T

cetuximab, cetuximab + oxaliplatin

Cancer type: Colorectal Cancer

Label as of: 2020-01-30

Variant class: KRAS exon 2 mutation

Reference:

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

panitumumab + oxaliplatin

Cancer type: Colorectal Cancer

Label as of: 2021-07-29

Variant class: KRAS exon 2 mutation

Reference:

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

Current ESMO Information

 Contraindicated
  Not recommended
  Resistance
  Breakthrough
  Fast Track

ESMO information is current as of 2021-08-02. For the most up-to-date information, search www.esmo.org.

KRAS p.(G12C) c.34G>T

cetuximab

Cancer type: Colorectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

ESMO Clinical Practice Guidelines include the following supporting statement:

- "It has been demonstrated that the (potential) benefit of anti-EGFR antibodies in all treatment lines and either as a single agent or in combination with any chemotherapy regimen is limited to patients in whom a RAS mutation is excluded. It was shown that the 'expanded RAS' analysis (also including the detection of mutations in exons 3 and 4 of the KRAS gene as well as mutations in the NRAS [exons 2-4] gene) is superior to the KRAS (exon 2) analysis in predicting both more efficacy in the expanded RAS wild-type (WT) patients and a potential detrimental effect in patients harbouring any RAS mutation in their tumour genome [II/A]."

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Colorectal Cancer [Ann Oncol (2014) 25 (suppl 3): iii1-iii9. (eUpdate: 20 September 2016; Corrigendum: 21 July 2015)]

KRAS p.(G12C) c.34G>T (continued)

⊘ cetuximab + chemotherapy

Cancer type: Colorectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

ESMO Clinical Practice Guidelines include the following supporting statement:

- "It has been demonstrated that the (potential) benefit of anti-EGFR antibodies in all treatment lines and either as a single agent or in combination with any chemotherapy regimen is limited to patients in whom a RAS mutation is excluded. It was shown that the 'expanded RAS' analysis (also including the detection of mutations in exons 3 and 4 of the KRAS gene as well as mutations in the NRAS [exons 2-4] gene) is superior to the KRAS (exon 2) analysis in predicting both more efficacy in the expanded RAS wild-type (WT) patients and a potential detrimental effect in patients harbouring any RAS mutation in their tumour genome [II/A]."
- "Thus, the activity of the anti-EGFR antibodies is confined to RAS WT tumours (and not only KRAS WT tumours). This is true for the combinations of cetuximab or panitumumab alone or with irinotecan- and oxaliplatin-based regimens. Treatment with anti-EGFR antibodies may even harm patients with a RAS mutation, especially when combined with oxaliplatin [I/A]."

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Colorectal Cancer [Ann Oncol (2014) 25 (suppl 3): iii1-iii9. (eUpdate: 20 September 2016; Corrigendum: 21 July 2015)]

⊘ panitumumab

Cancer type: Colorectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

ESMO Clinical Practice Guidelines include the following supporting statement:

- "It has been demonstrated that the (potential) benefit of anti-EGFR antibodies in all treatment lines and either as a single agent or in combination with any chemotherapy regimen is limited to patients in whom a RAS mutation is excluded. It was shown that the 'expanded RAS' analysis (also including the detection of mutations in exons 3 and 4 of the KRAS gene as well as mutations in the NRAS [exons 2-4] gene) is superior to the KRAS (exon 2) analysis in predicting both more efficacy in the expanded RAS wild-type (WT) patients and a potential detrimental effect in patients harbouring any RAS mutation in their tumour genome [II/A]."

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Colorectal Cancer [Ann Oncol (2014) 25 (suppl 3): iii1-iii9. (eUpdate: 20 September 2016; Corrigendum: 21 July 2015)]

⊘ panitumumab + chemotherapy

Cancer type: Colorectal Cancer

Variant class: KRAS exon 2 mutation

Summary:

ESMO Clinical Practice Guidelines include the following supporting statement:

- "It has been demonstrated that the (potential) benefit of anti-EGFR antibodies in all treatment lines and either as a single agent or in combination with any chemotherapy regimen is limited to patients in whom a RAS mutation is excluded. It was shown that the 'expanded RAS' analysis (also including the detection of mutations in exons 3 and 4 of the KRAS gene as well as mutations in the NRAS [exons 2-4] gene) is superior to the KRAS (exon 2) analysis in predicting both more efficacy in the expanded RAS wild-type (WT) patients and a potential detrimental effect in patients harbouring any RAS mutation in their tumour genome [II/A]."
- "Thus, the activity of the anti-EGFR antibodies is confined to RAS WT tumours (and not only KRAS WT tumours). This is true for the combinations of cetuximab or panitumumab alone or with irinotecan- and oxaliplatin-based regimens. Treatment with anti-EGFR antibodies may even harm patients with a RAS mutation, especially when combined with oxaliplatin [I/A]."

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Colorectal Cancer [Ann Oncol (2014) 25 (suppl 3): iii1-iii9. (eUpdate: 20 September 2016; Corrigendum: 21 July 2015)]

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

References

1. Pylayeva-Gupta et al. RAS oncogenes: weaving a tumorigenic web. *Nat. Rev. Cancer*. 2011 Oct 13;11(11):761-74. PMID: 21993244
2. Karnoub et al. Ras oncogenes: split personalities. *Nat. Rev. Mol. Cell Biol.* 2008 Jul;9(7):517-31. PMID: 18568040
3. Scott et al. Therapeutic Approaches to RAS Mutation. *Cancer J.* 2016 May-Jun;22(3):165-74. doi: 10.1097/PPO.000000000000187. PMID: 27341593
4. Weinstein et al. The Cancer Genome Atlas Pan-Cancer analysis project. *Nat. Genet.* 2013 Oct;45(10):1113-20. PMID: 24071849
5. Román et al. KRAS oncogene in non-small cell lung cancer: clinical perspectives on the treatment of an old target. *Mol Cancer*. 2018 Feb 19;17(1):33. doi: 10.1186/s12943-018-0789-x. PMID: 29455666
6. Dinu et al. Prognostic significance of KRAS gene mutations in colorectal cancer--preliminary study. *J Med Life*. 2014 Oct-Dec;7(4):581-7. PMID: 25713627
7. Cerami et al. The cBio cancer genomics portal: an open platform for exploring multidimensional cancer genomics data. *Cancer Discov*. 2012 May;2(5):401-4. PMID: 22588877
8. Allegra et al. Extended RAS Gene Mutation Testing in Metastatic Colorectal Carcinoma to Predict Response to Anti-Epidermal Growth Factor Receptor Monoclonal Antibody Therapy: American Society of Clinical Oncology Provisional Clinical Opinion Update 2015. *J. Clin. Oncol.* 2016 Jan 10;34(2):179-85. PMID: 26438111
9. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/214665s000lbl.pdf
10. <https://ir.mirati.com/press-releases/press-release-details/2021/Mirati-Therapeutics-Adagrasib-Receives-Breakthrough-Therapy-Designation-from-U.S.-Food-and-Drug-Administration-for-Patients-with-Advanced-Non-Small-Cell-Lung-Cancer-Harboring-the-KRAS-G12C-Mutation/default.aspx>
11. <https://investor.verastem.com/news-releases/news-release-details/verastem-oncology-receives-breakthrough-therapy-designation-vs>
12. <https://cardiffoncology.investorroom.com/2020-05-28-Cardiff-Oncology-Announces-Fast-Track-Designation-Granted-by-the-FDA-to-Onvansertib-for-Second-Line-Treatment-of-KRAS-Mutated-Colorectal-Cancer>
13. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/125084s277s280lbl.pdf
14. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125147s207lbl.pdf
15. Slebos et al. K-ras oncogene activation as a prognostic marker in adenocarcinoma of the lung. *N. Engl. J. Med.* 1990 Aug 30;323(9):561-5. PMID: 2199829