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Tel: 02-2875-7449

Date: 11 Mar 2021 1 of 13

Sample Information

Patient Name: 林淑芳 Gender: Female ID No.: V200849679 History No.: 30152068

Age: 67

Ordering Doctor: DOC3730J 張燕後 Ordering REQ.: 0BDBFGX Signing in Date: 2021/03/10

Path No.: S110-98351 **MP No.:** BR21008

Assay: Oncomine BRCA1/2 Assay

Sample Type: FFPE Block No.: S109-68493J+L Percentage of tumor cells: 30%

Note:

Sample Cancer Type: Ovarian Cancer

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Relevant Ovarian Cancer Variants

Gene	Finding
BRCA1	BRCA1 p.(C1103*) c.3308_3309delGT
BRCA2	Not detected

Relevant Biomarkers

Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
BRCA1 p.(C1103*) c.3308_3309delGT	bevacizumab + olaparib ¹ niraparib ¹	bevacizumab + olaparib ¹ olaparib ¹	28
BRCA1, DNA repair associated Allele Frequency: 24.98%	olaparib ^{1, 2} rucaparib ^{1, 2}	rucaparib ¹	

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

Variant Details

DNA Sequence Variants

Amino Acid Change	Coding	Locus	Allele	Transcript	Variant Effect	ClinVar1	Coverage
p.(C1103*)	c.3308_3309delGT	chr17:41244238	24.98%	NM_007300.3	nonsense	Ollifvai	1133
p.(?)	c26G>A	chr13:32890572	31.47%	NM_000059.3	unknown	Benign	1999
p.(N372H)	c.1114A>C	chr13:32906729	70.16%	NM_000059.3	missense	Benign	1997
p.(=)	c.3396A>G	chr13:32911888	33.27%	NM_000059.3	synonymous	Benign	1999
p.(=)	c.4563A>G	chr13:32913055	100.00%	NM_000059.3	synonymous	Benign	229
p.(=)	c.6513G>C	chr13:32915005	99.95%	NM_000059.3	synonymous	Benign	1996
p.(V2466A)	c.7397T>C	chr13:32929387	99.66%	NM_000059.3	missense	Conflicting interpretations of pathogenicity	293
p.(S1634G)	c.4900A>G	chr17:41223094	62.13%	NM_007300.3	missense	Benign	1991
p.(=)	c.4308T>C	chr17:41234470	62.10%	NM_007300.3	synonymous	Benign	2000
p.(K1183R)	c.3548A>G	chr17:41244000	65.13%	NM_007300.3	missense	Benign	1999
p.(E1038G)	c.3113A>G	chr17:41244435	62.15%	NM_007300.3	missense	Benign	2000
p.(P871L)	c.2612C>T	chr17:41244936	60.60%	NM_007300.3	missense	Benign	2000
p.(=)	c.2311T>C	chr17:41245237	58.67%	NM_007300.3	synonymous	Benign	375
p.(=)	c.2082C>T	chr17:41245466	60.40%	NM_007300.3	synonymous	Benign	2000
	p.(?) p.(N372H) p.(=) p.(=) p.(=) p.(y2466A) p.(S1634G) p.(K1183R) p.(E1038G) p.(P871L) p.(=)	p.(C1103*) c.3308_3309delGT p.(?) c26G>A p.(N372H) c.1114A>C p.(=) c.3396A>G p.(=) c.4563A>G p.(=) c.6513G>C p.(V2466A) c.7397T>C p.(S1634G) c.4900A>G p.(=) c.4308T>C p.(K1183R) c.3548A>G p.(E1038G) c.3113A>G p.(P871L) c.2612C>T p.(=) c.2311T>C	p.(C1103*) c.3308_3309delGT chr17:41244238 p.(?) c26G>A chr13:32890572 p.(N372H) c.1114A>C chr13:32906729 p.(=) c.3396A>G chr13:32911888 p.(=) c.4563A>G chr13:32913055 p.(=) c.6513G>C chr13:32915005 p.(V2466A) c.7397T>C chr13:32929387 p.(S1634G) c.4900A>G chr17:41223094 p.(=) c.4308T>C chr17:41234470 p.(K1183R) c.3548A>G chr17:41244435 p.(E1038G) c.3113A>G chr17:41244936 p.(=) c.2612C>T chr17:41245237	Amino Acid ChangeCodingLocusFrequencyp.(C1103*)c.3308_3309delGTchr17:4124423824.98%p.(?)c26G>Achr13:3289057231.47%p.(N372H)c.1114A>Cchr13:3290672970.16%p.(=)c.3396A>Gchr13:3291188833.27%p.(=)c.4563A>Gchr13:32913055100.00%p.(=)c.6513G>Cchr13:3291500599.95%p.(V2466A)c.7397T>Cchr13:3292938799.66%p.(\$1634G)c.4900A>Gchr17:4122309462.13%p.(=)c.4308T>Cchr17:4123447062.10%p.(K1183R)c.3548A>Gchr17:4124400065.13%p.(E1038G)c.3113A>Gchr17:4124443562.15%p.(P871L)c.2612C>Tchr17:4124493660.60%p.(=)c.2311T>Cchr17:4124523758.67%	Amino Acid ChangeCodingLocusFrequencyTranscriptp.(C1103*)c.3308_3309delGTchr17:4124423824.98%NM_007300.3p.(?)c26G>Achr13:3289057231.47%NM_000059.3p.(N372H)c.1114A>Cchr13:3290672970.16%NM_000059.3p.(=)c.3396A>Gchr13:3291188833.27%NM_000059.3p.(=)c.4563A>Gchr13:32913055100.00%NM_000059.3p.(=)c.6513G>Cchr13:3291500599.95%NM_000059.3p.(V2466A)c.7397T>Cchr13:3292938799.66%NM_000059.3p.(\$1634G)c.4900A>Gchr17:4122309462.13%NM_007300.3p.(\$1634G)c.4308T>Cchr17:4124440065.13%NM_007300.3p.(\$1038G)c.3548A>Gchr17:4124440065.13%NM_007300.3p.(\$1038G)c.3113A>Gchr17:4124443562.15%NM_007300.3p.(\$2612C>Tchr17:4124493660.60%NM_007300.3p.(\$27111)c.2612C>Tchr17:4124493660.60%NM_007300.3	Amino Acid Change Coding Locus Frequency Transcript Variant Effect p.(C1103*) c.3308_3309delGT chr17:41244238 24.98% NM_007300.3 nonsense p.(?) c26G>A chr13:32890572 31.47% NM_000059.3 unknown p.(N372H) c.1114A>C chr13:32906729 70.16% NM_000059.3 missense p.(=) c.3396A>G chr13:32911888 33.27% NM_000059.3 synonymous p.(=) c.4563A>G chr13:32913055 100.00% NM_000059.3 synonymous p.(=) c.6513G>C chr13:32915005 99.95% NM_000059.3 synonymous p.(V2466A) c.7397T>C chr13:32929387 99.66% NM_0007300.3 missense p.(=) c.4308T>C chr17:41223094 62.13% NM_007300.3 missense p.(E1038G) c.35148A>G chr17:41244000 65.13% NM_007300.3 missense p.(P871L) c.2612C>T chr17:41244936 60.60% NM_007300.3 missense <t< td=""><td>Amino Acid Change Coding Locus Frequency Transcript Variant Effect ClinVar1 p.(C1103*) c.3308_3309delIGT chr17:41244238 24.98% NM_007300.3 nonsense p.(?) c.26G>A chr13:32890572 31.47% NM_000059.3 unknown Benign p.(N372H) c.1114A>C chr13:32991888 33.27% NM_000059.3 synonymous Benign p.(=) c.4563A>G chr13:32913055 100.00% NM_000059.3 synonymous Benign p.(=) c.6513G>C chr13:32915005 99.95% NM_000059.3 synonymous Benign p.(V2466A) c.7397T>C chr13:32929387 99.66% NM_000059.3 missense Benign p.(S1634G) c.4900A>G chr17:41223094 62.13% NM_007300.3 missense Benign p.(=) c.4308T>C chr17:41244400 65.13% NM_007300.3 missense Benign p.(E1038G) c.3113A>G chr17:41244435 62.15% NM_007300.3 missense Beni</td></t<>	Amino Acid Change Coding Locus Frequency Transcript Variant Effect ClinVar1 p.(C1103*) c.3308_3309delIGT chr17:41244238 24.98% NM_007300.3 nonsense p.(?) c.26G>A chr13:32890572 31.47% NM_000059.3 unknown Benign p.(N372H) c.1114A>C chr13:32991888 33.27% NM_000059.3 synonymous Benign p.(=) c.4563A>G chr13:32913055 100.00% NM_000059.3 synonymous Benign p.(=) c.6513G>C chr13:32915005 99.95% NM_000059.3 synonymous Benign p.(V2466A) c.7397T>C chr13:32929387 99.66% NM_000059.3 missense Benign p.(S1634G) c.4900A>G chr17:41223094 62.13% NM_007300.3 missense Benign p.(=) c.4308T>C chr17:41244400 65.13% NM_007300.3 missense Benign p.(E1038G) c.3113A>G chr17:41244435 62.15% NM_007300.3 missense Beni

¹ Based on Clinvar version 20180225

Biomarker Descriptions

BRCA1 (BRCA1, DNA repair associated)

Background: The breast cancer early onset gene 1 (BRCA1) encodes one of two BRCA proteins (BRCA1 and BRCA2) initially discovered as major hereditary breast cancer genes. Although structurally unrelated, both BRCA1 and BRCA2 exhibit tumor suppressor function and are integrally involved in the homologous recombination repair (HRR) pathway, a pathway critical in the repair of damaged DNA. Specifically, BRCA1/2 are required for repair of chromosomal double strand breaks (DSBs) which are highly unstable and compromise genome integrity^{1,2}. Inherited pathogenic mutations in BRCA1/2 are known to confer increased risk in women for breast and ovarian cancer³ and in men for breast and prostate cancer^{4,5}. For individuals diagnosed with inherited pathogenic or likely pathogenic BRCA1/2 variants, estimated lifetime risks range from 41% to 90% for developing breast cancer and 8 to 62% for developing ovarian cancer⁶.

Alterations and prevalence: Inherited BRCA1/2 mutations occur in 1:400 to 1:500 individuals and are observed in 10-15% of ovarian cancer and 5-10% of breast cancer^{7,8,9,10,11,12,13}. Somatic alterations in BRCA1 are observed in 2-8% of breast, ovarian, cervical, uterine, diffuse large B-cell lymphoma (DLBCL), melanoma, gastric, bladder, squamous lung, colorectal, and head and neck cancers^{14,15}.

Potential relevance: Individuals possessing BRCA1/2 pathogenic germline or somatic mutations are shown to exhibit sensitivity to platinum based chemotherapy as well as treatment with poly (ADP-ribose) polymerase inhibitors (PARPi)¹⁶. Inhibitors targeting PARP induce synthetic lethality in recombination deficient BRCA1/2 mutant cells^{17,18}. Consequently, several PARP inhibitors have been FDA approved for BRCA1/2-mutated cancers. Olaparib¹⁹ (2014) was the first PARPi to be approved by the FDA for BRCA1/2 aberrations. Originally approved for the treatment of germline variants, olaparib is now indicated (2018) for the maintenance treatment of both germline BRCA1/2-mutated (gBRCAm) and somatic BRCA1/2-mutated (sBRCAm) epithelial ovarian, fallopian tube, or primary peritoneal cancers that are responsive to platinum-based chemotherapy. Olaparib is also indicated for the treatment of patients with gBRCAm HER2-negative metastatic breast cancer and metastatic pancreatic adenocarcinoma. Additionally, olaparib¹⁹ is approved (2020) for metastatic castration-resistant prostate cancer (mCRPC) with deleterious or suspected deleterious, germline or somatic mutations in HRR genes that includes BRCA1. Rucaparib²⁰ (2016) was the first PARPi approved for the treatment of patients with either gBRCAm or sBRCAm epithelial ovarian, fallopian tube, or primary peritoneal cancers and is also approved (2020) for deleterious

Biomarker Descriptions (continued)

gBRCAm or sBRCAm mCRPC. Talazoparib²¹ (2018) is indicated for the treatment of gBRCAm HER2-negative locally advanced or metastatic breast cancer. Niraparib²² (2017) is another PARPi approved for the treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancers with a deleterious or suspected deleterious BRCA mutation. Despite tolerability and efficacy, acquired resistance to PARP inhibition has been clinically reported²³. One of the most common mechanisms of resistance includes secondary intragenic mutations that restore BRCA1/2 functionality²⁴.

Relevant Therapy Summary

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
rucaparib	•	•			(II)
olaparib	0	•		0	(II)
bevacizumab + olaparib	0		×	×	×
niraparib			×	×	(II)
atezolizumab, chemotherapy, niraparib	×	×	×	×	(III)
cediranib, olaparib	×	×	×	×	(III)
atezolizumab	×	×	×	×	(II)
berzosertib	×	×	×	×	(II)
ceralasertib, olaparib	×	×	×	×	(II)
olaparib, chemotherapy	×	×	×	×	(II)
olaparib, talazoparib	×	×	×	×	(II)
Senaparib	×	×	×	×	(II)
talazoparib	×	×	×	×	(II)
AMXI-5001	×	×	×	×	(I/II)
AT-406, nivolumab	×	×	×	×	(I/II)
BAY-1895344	×	×	×	×	(1/11)
durvalumab + olaparib + tremelimumab	×	×	×	×	(I/II)
RP-3500, talazoparib	×	×	×	×	(1/11)
rucaparib, nivolumab, ipilimumab	×	×	×	×	(1/11)
BAY-1895344, niraparib	×	×	×	×	(I)
copanlisib, olaparib, durvalumab	×	×	×	×	(I)
HWH-340	×	×	×	×	(1)
mirvetuximab, rucaparib	×	×	×	×	(I)

^{*} 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)

In this cancer type O In other cancer type In this cancer type and other cancer types X No evidence BRCA1 p.(C1103*) c.3308_3309delGT (continued) Clinical Trials* **Relevant Therapy FDA** NCCN **EMA ESMO** olaparib, adavosertib (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 2020-12-16. For the most up-to-date information, search www.fda.gov.

BRCA1 p.(C1103*) c.3308_3309delGT

olaparib, bevacizumab + olaparib

Cancer type: Ovarian Cancer, Prostate Cancer Label as of: 2020-12-07 Variant class: BRCA1 mutation

Indications and usage:

LYNPARZA® is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated:

Ovarian cancer

- for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic BRCA-mutated advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.
- in combination with bevacizumab for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD)-positive status defined by either:
 - a deleterious or suspected deleterious BRCA mutation, and/or
 - genomic instability.

Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.

- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy.
- for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.

Breast cancer

• for the treatment of adult patients with deleterious or suspected deleterious gBRCAm, HER2-negative metastatic breast cancer who have been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.

Pancreatic cancer

• for the maintenance treatment of adult patients with deleterious or suspected deleterious gBRCAm metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.

Prostate cancer

for the treatment of adult patients with deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC) who have progressed following prior treatment with enzalutamide or abiraterone. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/208558s016lbl.pdf

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BRCA1 p.(C1103*) c.3308_3309delGT (continued)

rucaparib

Cancer type: Ovarian Cancer, Prostate Cancer Label as of: 2020-10-08 Variant class: BRCA1 mutation

Indications and usage:

RUBRACA® is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated:

Ovarian cancer

- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.
- for the treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)-associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with two or more chemotherapies. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA®.

Prostate cancer

• for the treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)-associated metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for RUBRACA®.

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

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/209115s008lbl.pdf

niraparib

Cancer type: Ovarian Cancer Label as of: 2020-04-29 Variant class: BRCA1 mutation

Indications and usage:

ZEJULA® is a poly(ADP-ribose) polymerase (PARP) inhibitor indicated:

- for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy.
- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.
- for the treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with three or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either:
 - a deleterious or suspected deleterious BRCA mutation, or
 - genomic instability and who have progressed more than six months after response to the last platinum-based chemotherapy.

Select patients for therapy based on an FDA-approved companion diagnostic for ZEJULA®.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/208447s015s017lbledt.pdf

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Current NCCN Information

In this cancer type

O In other cancer type

In this cancer type and other cancer types

NCCN information is current as of 2020-12-01. For the most up-to-date information, search www.nccn.org. For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

BRCA1 p.(C1103*) c.3308_3309delGT

bevacizumab + olaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Stage II, Stage IV; Partial remission, Complete remission (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

niraparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

 Epithelial, Fallopian Tube, Primary Peritoneal; Stage II, Stage III, Stage IV; Partial remission, Complete remission (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

olaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

 Epithelial, Fallopian Tube, Primary Peritoneal; Stage II, Stage III, Stage IV; Partial remission, Complete remission (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

niraparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

 Epithelial, Fallopian Tube, Primary Peritoneal; Stage II, Stage III, Stage IV; Partial remission, Complete remission (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

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BRCA1 p.(C1103*) c.3308_3309delGT (continued)

olaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Stage II, Stage III, Stage IV; Partial remission, Complete remission (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

rucaparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Recurrent (Subsequent therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2020]

O olaparib

Cancer type: Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

 Castration-Resistant, Adenocarcinoma; Metastatic (Second-line therapy, Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 3.2020]

O rucaparib

Cancer type: Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

 Castration-Resistant, Adenocarcinoma; Metastatic (Second-line therapy, Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 3.2020]

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BRCA1 p.(C1103*) c.3308_3309delGT (continued)

O olaparib

Cancer type: Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

■ Castration-Resistant, Adenocarcinoma; Metastatic (Second-line therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 3.2020]

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Current EMA Information

In this cancer type

O In other cancer type

In this cancer type and other cancer types

EMA information is current as of 2020-12-16. For the most up-to-date information, search www.ema.europa.eu/ema.

BRCA1 p.(C1103*) c.3308_3309delGT

olaparib

Cancer type: Ovarian Cancer Label as of: 2020-11-06 Variant class: BRCA1 mutation

Reference:

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

rucaparib

Cancer type: Ovarian Cancer Label as of: 2019-05-24 Variant class: BRCA1 mutation

Reference:

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

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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 2020-12-01. For the most up-to-date information, search www.esmo.org.

BRCA1 p.(C1103*) c.3308_3309delGT

rucaparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

Recurrent (Line of therapy not specified)

Reference: ESMO Clinical Practice Guidelines - ESMO-Newly Diagnosed and Relapsed Epithelial Ovarian Carcinoma [Ann Oncol 2013; 24 (Suppl 6): vi24-vi32. (eUpdate: 01 April 2020, 21 September 2016; Corrigendum: 03 October 2018)]

O olaparib

Cancer type: Prostate Cancer Variant class: BRCA1 mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

Castration-Resistant; Metastatic, Progression (Line of therapy not specified)

Reference: ESMO Clinical Practice Guidelines - ESMO-Cancer of the Prostate [Ann Oncol (2020)]

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Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

References

- Liu et al. Distinct functions of BRCA1 and BRCA2 in double-strand break repair. Breast Cancer Res. 2002;4(1):9-13. PMID: 11879553
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- Tai et al. Breast cancer risk among male BRCA1 and BRCA2 mutation carriers. J. Natl. Cancer Inst. 2007 Dec 5;99(23):1811-4. PMID: 18042939
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