Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

ACTFusion[™] Report

PATIENT	NT						
Name: 許雅琪	Patient ID: 48261070						
Date of Birth: Mar 14, 1982	Gender: Female						
Diagnosis: Lung cancer							
ORDERING PHYSICIAN							
Name: 江起陸醫師	Tel: 886-228712121						
Facility: 臺北榮總							
Address: 臺北市北投區石牌路二戶	ress: 臺北市北投區石牌路二段 201 號						
SPECIMEN							
Specimen ID: 1116143	Collection site: Lung	Type: FFPE tissue					
Date received: Aug 04, 2022	Lab ID: AA-22-04545	D/ID: NA					

ABOUT ACTFusion™

The test is a next-generation sequencing (NGS) based in vitro diagnostic assay to detect fusion transcripts of 13 genes, including ALK, BRAF, EGFR, FGFR1, FGFR2, FGFR3, MET, NRG1, NTRK1, NTRK2, NTRK3, RET, and ROS1.

TESTING RESULTS

VARIANT(S) WITH CLINICAL RELEVANCE

- Fusions

Fusion Gene & Exon	Transcript ID
N	o fusion gene detected in this sample





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AG4-QP4006-04(03) page 1 of 9

Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

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THERAPEUTIC IMPLICATIONS

Not Applicable.





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AG4-QP4006-04(03) page 2 of 9

Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

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VARIANT INTERPRETATION

Not Applicable.





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AG4-QP4006-04(03) page 3 of 9

Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

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US FDA-APPROVED DRUG(S)

Not Applicable.





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AG4-QP4006-04(03) page **4** of **9**

Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

ACTFusion[™] Report

ONGOING CLINICAL TRIALS

Trials were searched by applying filters: study status, patient's diagnosis, intervention, location and/or biomarker(s). Please visit https://clinicaltrials.gov to search and view for a complete list of open available and updated matched trials.

No trial has been found.





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AG4-QP4006-04(03) page 5 of 9

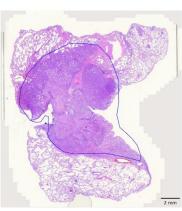
Project ID: C22-M001-02359 Report No.: AA-22-04545_FUSION Date Reported: Aug 17, 2022

ACTFusion[™] Report

TEST DETAILS

SPECIMEN RECEIVED AND PATHOLOGY REVIEW





- Collection date: May 2022 - Facility retrieved: 高雄榮總

- H&E-stained section No.: 1116143

Collection site: Lung

- Examined by: Dr. Yeh-Han Wang
 - 1. The percentage of viable tumor cells in total cells in the whole slide (%): 35%
 - 2. The percentage of viable tumor cells in total cells in the encircled areas in the whole slide (%): 70%
 - 3. The percentage of necrotic cells (including necrotic tumor cells) in total cells in the whole slide (%): 0%
 - The percentage of necrotic cells (including necrotic tumor cells) in total cells in the encircled areas in the whole slide (%): 0%
 - 5. Additional comment: NA
- Manual macrodissection: Not performed
- The outline highlights the area of malignant neoplasm annotated by a pathologist.

RUN QC

- Panel: ACTFusion™
- Average unique RNA Start Sites per control GSP2: 53

LIMITATIONS

This test has been designed to detect fusions in 13 genes sequenced. Therefore, fusion in genes not covered by this test would not be reported. For novel fusions detected in this test, Sanger sequencing confirmation is recommended if residue specimen is available.





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AG4-QP4006-04(03) page 6 of 9

Project ID: C22-M001-02359 Report No.: AA-22-04545 FUSION

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ACTFusion[™] Report

NEXT-GENERATION SEQUENCING (NGS) METHODS

Extracted RNA was reverse-transcribed and subjected to library construction. Sequencing was performed according to lon Proton or Ion S5 sequencer protocol (Thermo Fisher Scientific). To ensure sequencing quality for fusion variant analysis, the average unique RNA Start Sites (SS) per control Gene Specific Primer 2 (GSP 2) should be ≥ 10.

The fusion analysis pipeline aligned sequenced reads to the human reference genome, identified regions that map to noncontiguous regions of the genome, applied filters to exclude probable false-positive events and, annotated previously characterized fusion events according to Quiver Gene Fusion Database, a curated database owned and maintained by ArcherDX. In general, samples with detectable fusions need to meet the following criteria: (1) Number of unique start sites (SS) for the GSP2 ≥ 3; (2) Number of supporting reads spanning the fusion junction ≥ 5; (3) Percentage of supporting reads spanning the fusion junction ≥ 10%; (4) Fusions annotated in Quiver Gene Fusion Database.

DATABASE USED

Quiver Gene Fusion Database version 5.1.18

GENE LIST

ALK	BRAF	EGFR	FGFR1	FGFR2	FGFR3	MET	NRG1
NTRK1	NTRK2	NTRK3	RET	ROS1			

Variant Analysis:

醫檢師黃靖婷 博士 Ching-Ting Huang Ph.D. 檢字第 016511 號

CTHUANG

Sign Off

解剖病理專科醫師王業翰 Yeh-Han Wang M.D. 病解字第 000545 號







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AG4-QP4006-04(03) page 7 of 9

Project ID: C22-M001-02359 Report No.: AA-22-04545 FUSION

Date Reported: Aug 17, 2022

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DISCLAIMER

法律聲明

本檢驗報告僅提供專業醫療參考,結果需經專業醫師解釋及判讀。基因突變資訊非必具備藥物或治療有效性指標,反之亦然。本檢驗報 告提供之用藥指引不聲明或保證其臨床有效性,反之亦然。本基因檢測方法係由本公司研究開發,已經過有效性測試。

本檢驗報告非經本公司許可,不得私自變造、塗改,或以任何方式作為廣告及其他宣傳之用途。

本公司於提供檢驗報告後,即已完成本次契約義務,後續之報告解釋、判讀及用藥、治療,應自行尋求相關專業醫師協助,若需將報告 移件其他醫師,本人應取得該醫師同意並填寫移件申請書,主動告知行動基因,行動基因僅能配合該醫師意願與時間提供醫師解說。

醫療決策需由醫師決定

任何治療與用藥需經由醫師在考慮病患所有健康狀況相關資訊包含健檢、其他檢測報告和病患意願後,依照該地區醫療照護標準由醫 師獨立判斷。醫師不應僅依據單一報告結果(例如本檢測或本報告書內容)做決策。

基因突變與用藥資訊並非依照有效性排序

本報告中列出之生物標記變異與藥物資訊並非依照潛在治療有效性排序。

證據等級

藥物潛在臨床效益(或缺乏潛在臨床效益)的實證證據是依據至少一篇臨床療效個案報告或臨床前試驗做為評估。本公司盡力提供適時及 準確之資料,但由於醫學科技之發展日新月異,本公司不就本報告提供的資料是否為準確、適宜或最新作保證。

責任

本檢驗報告僅提供專業醫療參考,本公司及其員工不對任何由使用本報告之內容引起的直接、間接、特殊、連帶或衍生的損失或損害承 擔責任。





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AG4-QP4006-04(03) page 8 of 9

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REFERENCE

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AG4-QP4006-04(03) page 9 of 9