Taipei Veterans General Hospital

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Sample Information

Patient Name: 陳正吉
Gender: Male
ID No.: Q100399873
History No.: 43155153
Age: 77

Ordering Doctor: DOC1654E 林庭安
Ordering REQ.: H43591B
Signing in Date: 2022/05/20

Path No.: S111-99367
MP No.: MY22013
Assay: Oncomine Myeloid Assay
Sample Type: Bone Marrow
Bone Marrow Aspirating Date: 2022/05/12

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

Note:

Sample Cancer Type: Myelodysplastic/Myeloproliferative Neoplasm

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Report Highlights

2 Relevant Biomarkers
18 Therapies Available
0 Clinical Trials

Relevant Myelodysplastic/Myeloproliferative Neoplasm Variants

Gene	Finding
PDGFRA	None detected
PDGFRB	None detected

Relevant Biomarkers

Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
TP53 p.(C277Y) c.830G>A tumor protein p53 Allele Frequency: 41.70%	None	**idelalisib + rituximab** [2] acalabrutinib allogeneic stem cells azacitidine cytarabine cytarabine + daunorubicin	0

Public data sources included in relevant therapies: FDA[1], NCCN, **EMA**[2], ESMO

Relevant Biomarkers (continued)

Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
		cytarabine + daunorubicin + etoposide cytarabine + etoposide + idarubicin cytarabine + fludarabine + idarubicin + filgrastim cytarabine + idarubicin cytarabine + mitoxantrone decitabine gemtuzumab ozogamicin + chemotherapy ibrutinib obinutuzumab + venetoclax rituximab + venetoclax venetoclax venetoclax + chemotherapy	
*RUNX1 p.(R201Pfs*11) c.601_602insCC* RUNX family transcription factor 1 Allele Frequency: 44.72%	None	allogeneic stem cells azacitidine cytarabine cytarabine + daunorubicin cytarabine + daunorubicin + etoposide cytarabine + etoposide + idarubicin cytarabine + fludarabine + idarubicin + filgrastim cytarabine + idarubicin cytarabine + mitoxantrone decitabine gemtuzumab ozogamicin + chemotherapy venetoclax + chemotherapy	0

Public data sources included in relevant therapies: FDA[1], NCCN, **EMA**[2], ESMO

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
TP53	p.(C277Y)	c.830G>A	.	chr17:7577108	41.70%	NM_000546.5	missense	2000
RUNX1	p.(R201Pfs*11)	c.601_602insCC	.	chr21:36231782	44.72%	NM_001754.4	frameshift Insertion	161
EZH2	p.(Y663C)	c.1988A>G	.	chr7:148507466	60.87%	NM_004456.5	missense	23
PTPN11	p.(T468P)	c.1402A>C	.	chr12:112926269	36.92%	NM_002834.5	missense	65

Biomarker Descriptions

RUNX1 (RUNX family transcription factor 1)

Background: The RUNX1 gene encodes the runt-related transcription factor (RUNX) 1, part of the RUNX family of transcription factors which also includes RUNX2 and RUNX3[1]. All RUNX proteins share several conserved regions with similar functionality including a highly conserved N-terminal 'runt' domain responsible for binding DNA, a C-terminal region composed of an activation domain, inhibitory domain, protein interacting motifs, and a nuclear matrix targeting signal[2]. Each of these proteins are capable of interacting

Biomarker Descriptions (continued)

with core binding factor beta (CBFβ) to form the core binding factor (CFB) complex. Consequently, RUNX1, RUNX2, and RUNX3 are collectively known as core binding factor alpha (CBFα) since they can each function as the alpha subunit of CBF. Specifically, CBFβ binds to the 'runt' domain of RUNX1 leading to RUNX1 stabilization and increased affinity of the CFB complex for promoters involved in hematopoietic differentiation and cell cycle regulation[3,4]. RUNX1 is frequently mutated in various hematological malignancies[4]. Germline mutations in RUNX1 result in a rare autosomal dominant condition known as familial platelet disorder, with predisposition to acute myeloid leukemia (FPD/AML)[5,6]. Somatic mutations and chromosomal translocations in RUNX1 are often observed in myelodysplastic syndrome (MDS), acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), and chronic myelomonocytic leukemia (CMML)[4].

Alterations and prevalence: RUNX1 is frequently rearranged in hematological malignancies with over 50 different observed translocations[7]. The most recurrent translocation, t(12;21)(q34;q11), results in ETV6-RUNX1 fusion and is observed in 20-25% of childhood ALL[8,9,10]. This translocation is also observed in adult ALL at a lower frequency (2%)[9,10]. Another recurrent translocation, t(8;21)(q22;q22), results in RUNX1-RUNX1T1 fusion and is observed in 5-10% of AML[11]. The RUNX1-RUNX1T1 fusion, consists of the RHD domain of RUNX1 and the majority of RUNXT1, which promotes oncogenesis by altering transcriptional regulation of RUNX1 target genes[4,11]. Somatic mutations in RUNX1 include missense, nonsense, and frameshift mutations resulting in loss of function or dominant negative effects[4]. RUNX1 mutations are reported in approximately 10% of de novo AML as well as 10-15% of MDS[4,12,13,14].

Potential relevance: The t(8;21)(q22;q22.1)/RUNX1-RUNX1T1 translocation is recognized as a distinct AML disease category by the World Health Organization (WHO)[15]. Additionally, AML with RUNX1 mutations is a provisional entity in the WHO[15]. Translocations involving RUNX1, specifically t(8;21)(q22;q22)/RUNX1-RUNX1T1 in AML and t(12;21)(q34;q11)/ETV6-RUNX1 in ALL, are associated with favorable risk[12,16]. On the other hand, mutations in RUNX1 confer poor prognosis in AML, MDS, and systemic mastocytosis (SM)[12,13,17]

TP53 (tumor protein p53)

Background: The TP53 gene encodes the p53 tumor suppressor protein that binds to DNA and activates transcription in response to diverse cellular stresses to induce cell cycle arrest, apoptosis, or DNA repair. In unstressed cells, TP53 is kept inactive by targeted degradation via MDM2, a substrate recognition factor for ubiquitin-dependent proteolysis. Alterations in TP53 is required for oncogenesis as they result in loss of protein function and gain of transforming potential[18]. Germline mutations in TP53 are the underlying cause of Li-Fraumeni syndrome, a complex hereditary cancer predisposition disorder associated with early-onset cancers[19,20].

Alterations and prevalence: TP53 is the most frequently mutated gene in the cancer genome with approximately half of all cancers experiencing TP53 mutations. Ovarian, head and neck, esophageal, and lung squamous cancers have particularly high TP53 mutation rates (60-90%)[14,21,22,23,24,25]. Approximately two-thirds of TP53 mutations are missense mutations and several recurrent missense mutations are common including substitutions at codons R158, R175, Y220, R248, R273, and R282[14,21]. Invariably, recurrent missense mutations in TP53 inactivate its ability to bind DNA and activate transcription of target genes[26,27,28,29].

Potential relevance: The small molecule p53 reactivator, PC14586, received a fast track designation (2020) by the FDA for advanced tumors harboring a TP53 Y220C mutation[30]. The FDA has granted fast track designation (2019) to the p53 reactivator, eprenetapopt,[31] and breakthrough designation[32] (2020) in combination with azacitidine or azacitidine and venetoclax for acute myeloid leukemia patients (AML) and myelodysplastic syndrome (MDS) harboring a TP53 mutation, respectively. In addition to investigational therapies aimed at restoring wild-type TP53 activity, compounds that induce synthetic lethality are also under clinical evaluation[33,34]. TP53 mutations confer poor prognosis in multiple blood cancers including AML, MDS, myeloproliferative neoplasms (MPN), and chronic lymphocytic leukemia (CLL)[12,13,35,36]. In mantle cell lymphoma, TP53 mutations are associated with poor prognosis when treated with conventional therapy including hematopoietic cell transplant[37]. Mono- and bi-allelic mutations in TP53 confer unique characteristics in MDS, with multi-hit patients also experiencing associations with complex karyotype, few co-occuring mutations, and high-risk disease presentation as well as predicted death and leukemic transformation independent of the IPSS-R staging system[38].

Relevant Therapy Summary

● In this cancer type ○ In other cancer type ◑ In this cancer type and other cancer types ✖ No evidence

TP53 p.(C277Y) c.830G>A

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
Allogeneic hematopoietic stem cell transplantation	✖	○	✖	✖	✖
azacitidine	✖	○	✖	✖	✖
cytarabine	✖	○	✖	✖	✖
cytarabine + daunorubicin	✖	○	✖	✖	✖
cytarabine + daunorubicin + etoposide	✖	○	✖	✖	✖
cytarabine + etoposide + idarubicin	✖	○	✖	✖	✖
cytarabine + fludarabine + idarubicin + filgrastim	✖	○	✖	✖	✖
cytarabine + idarubicin	✖	○	✖	✖	✖
cytarabine + mitoxantrone	✖	○	✖	✖	✖
decitabine	✖	○	✖	✖	✖
gemtuzumab ozogamicin + cytarabine + daunorubicin	✖	○	✖	✖	✖
venetoclax + azacitidine	✖	○	✖	✖	✖
venetoclax + cytarabine	✖	○	✖	✖	✖
venetoclax + decitabine	✖	○	✖	✖	✖
idelalisib + rituximab	✖	✖	○	○	✖
acalabrutinib	✖	✖	✖	○	✖
ibrutinib	✖	✖	✖	○	✖
obinutuzumab + venetoclax	✖	✖	✖	○	✖
rituximab + venetoclax	✖	✖	✖	○	✖
venetoclax	✖	✖	✖	○	✖

RUNX1 p.(R201Pfs*11) c.601_602insCC

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
Allogeneic hematopoietic stem cell transplantation	✖	○	✖	✖	✖
azacitidine	✖	○	✖	✖	✖
cytarabine	✖	○	✖	✖	✖
cytarabine + daunorubicin	✖	○	✖	✖	✖
cytarabine + daunorubicin + etoposide	✖	○	✖	✖	✖
cytarabine + etoposide + idarubicin	✖	○	✖	✖	✖

Relevant Therapy Summary (continued)

● In this cancer type ○ In other cancer type ◑ In this cancer type and other cancer types ✖ No evidence

RUNX1 p.(R201Pfs*11) c.601_602insCC (continued)

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
cytarabine + fludarabine + idarubicin + filgrastim	✖	○	✖	✖	✖
cytarabine + idarubicin	✖	○	✖	✖	✖
cytarabine + mitoxantrone	✖	○	✖	✖	✖
decitabine	✖	○	✖	✖	✖
gemtuzumab ozogamicin + cytarabine + daunorubicin	✖	○	✖	✖	✖
venetoclax + azacitidine	✖	○	✖	✖	✖
venetoclax + cytarabine	✖	○	✖	✖	✖
venetoclax + decitabine	✖	○	✖	✖	✖

Relevant Therapy Details

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 2022-02-28. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

TP53 p.(C277Y) c.830G>A + RUNX1 p.(R201Pfs*11) c.601_602insCC

○ decitabine

Cancer type: Acute Myeloid Leukemia

Variant classes: RUNX1 & TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

○ venetoclax + azacitidine

Cancer type: Acute Myeloid Leukemia

Variant classes: RUNX1 & TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

TP53 p.(C277Y) c.830G>A

cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + daunorubicin + etoposide

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + etoposide + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

Allogeneic hematopoietic stem cell transplantation

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

TP53 p.(C277Y) c.830G>A (continued)

cytarabine

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + mitoxantrone

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

TP53 p.(C277Y) c.830G>A (continued)

gemtuzumab ozogamicin + cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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venetoclax + cytarabine

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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venetoclax + decitabine

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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azacitidine

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + daunorubicin + etoposide

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

TP53 p.(C277Y) c.830G>A (continued)

cytarabine + etoposide + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

cytarabine + fludarabine + idarubicin + filgrastim

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

RUNX1 p.(R201Pfs*11) c.601_602insCC

cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

cytarabine + daunorubicin + etoposide

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

RUNX1 p.(R201Pfs*11) c.601_602insCC (continued)

○ cytarabine + etoposide + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

○ cytarabine + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

○ Allogeneic hematopoietic stem cell transplantation

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

○ cytarabine

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

○ cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Consolidation therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

RUNX1 p.(R201Pfs*11) c.601_602insCC (continued)

cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

---

cytarabine + mitoxantrone

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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gemtuzumab ozogamicin + cytarabine + daunorubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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venetoclax + cytarabine

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

RUNX1 p.(R201Pfs*11) c.601_602insCC (continued)

venetoclax + decitabine

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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azacitidine

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy)

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + daunorubicin + etoposide

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

---

cytarabine + etoposide + idarubicin

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

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cytarabine + fludarabine + idarubicin + filgrastim

Cancer type: Acute Myeloid Leukemia **Variant class:** RUNX1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):
- (Induction therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Acute Myeloid Leukemia [Version 1.2022]

Current EMA Information

● In this cancer type ○ In other cancer type ◑ In this cancer type and other cancer types

EMA information is current as of 2022-03-16. For the most up-to-date information, search www.ema.europa.eu/ema.

TP53 p.(C277Y) c.830G>A

○ idelalisib + rituximab

Cancer type: Chronic Lymphocytic Leukemia **Label as of:** 2021-10-06 **Variant class:** TP53 mutation

Reference:

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

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 2022-02-28. For the most up-to-date information, search www.esmo.org.

TP53 p.(C277Y) c.830G>A

○ acalabrutinib

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

○ ibrutinib

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

○ rituximab + venetoclax

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

○ ibrutinib

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

TP53 p.(C277Y) c.830G>A (continued)

idelalisib + rituximab

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

acalabrutinib

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

ibrutinib

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

idelalisib + rituximab

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

TP53 p.(C277Y) c.830G>A (continued)

obinutuzumab + venetoclax

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

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venetoclax

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

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venetoclax

Cancer type: Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma **Variant class:** TP53 mutation

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

Population segment (Line of therapy):
- Relapsed (Subsequent therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Chronic Lymphocytic Leukaemia [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.09.019.]

Alerts Informed By Public Data Sources

Current FDA Information

Contraindicated Not recommended Resistance Breakthrough Fast Track

FDA information is current as of 2022-03-16. For the most up-to-date information, search www.fda.gov.

TP53 p.(C277Y) c.830G>A

eprenetapopt + azacitidine, eprenetapopt + venetoclax + azacitidine

Cancer type: Myelodysplastic Syndrome **Variant class:** TP53 mutation

Supporting Statement:

The FDA has granted Breakthrough Designation to the small molecule inhibitor, eprenetapopt, in combination with azacitidine or azacitidine and venetoclax for TP53 mutant myelodysplastic syndrome (MDS).

Reference:

http://vp280.alertir.com/en/pressreleases/karolinska-development%27s-portfolio-company-aprea-therapeutics-receives-fda-breakthrough-therapy-designation-1769167

eprenetapopt + azacitidine, eprenetapopt + venetoclax + azacitidine

Cancer type: Acute Myeloid Leukemia **Variant class:** TP53 mutation

Supporting Statement:

The FDA has granted Fast Track Designation to the small molecule inhibitor, eprenetapopt, in combination with azacitidine or azacitidine and venetoclax for TP53 mutant acute myeloid leukemia (AML).

Reference:

https://ir.aprea.com//news-releases/news-release-details/aprea-therapeutics-receives-fda-fast-track-designation

Current NCCN Information

Contraindicated Not recommended Resistance Breakthrough Fast Track

NCCN information is current as of 2022-02-28. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

TP53 p.(C277Y) c.830G>A

chemoimmunotherapy

Cancer type: Chronic Lymphocytic Leukemia **Variant class:** TP53 mutation

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

- "Chemoimmunotherapy is not recommended since del(17p)/TP53 mutation is associated with low response rates."

Reference: NCCN Guidelines® - NCCN-Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma [Version 2.2022]

Current ESMO Information

Contraindicated Not recommended Resistance Breakthrough Fast Track

ESMO information is current as of 2022-02-28. For the most up-to-date information, search www.esmo.org.

TP53 p.(C277Y) c.830G>A

lenalidomide

Cancer type: Myelodysplastic Syndrome **Variant class:** TP53 mutation

Summary:
ESMO Clinical Practice Guidelines include the following supporting statement:

- "TP53 gene mutations, found in ~20% of lower-risk MDS with del(5q), confer resistance to LEN and a higher risk of AML progression."

Reference: ESMO Clinical Practice Guidelines - ESMO-Myelodysplastic Syndromes [Annals of Oncology (2020), https://doi.org/10.1016/j.annonc.2020.11.002]

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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