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Tel: 02-2875-7449

Date: 18 May 2023 1 of 14

Sample Information

Patient Name: 黃施月娥 Gender: Female ID No.: A201476136 History No.: 12383970

Age: 85

Ordering Doctor: DOC3581L 張哲維 Ordering REQ.: OCKPMTR Signing in Date: 2023/05/18

Path No.: M112-00105 **MP No.:** BR23030

Assay: Oncomine BRCA1/2 Assay

Sample Type: Blood

Date of blood drawing: 2023/05/09

Reporting Doctor: DOC5424G 彭昱璟 (Phone: 8#5424)

Note:

Sample Cancer Type: Ovarian Cancer

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Relevant Ovarian Cancer Variants

Gene	Finding
BRCA1	BRCA1 p.(V757Ffs*8) c.2269delG
BRCA2	None detected

Relevant Biomarkers

Tier	Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
IA	BRCA1 p.(V757Ffs*8) c.2269delG BRCA1 DNA repair associated Allele Frequency: 49.18%	bevacizumab + olaparib 1,2 olaparib 1,2 rucaparib 1 niraparib	bevacizumab + olaparib 1,2 olaparib 1,2 rucaparib 1 talazoparib	0

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

Date: 18 May 2023

Variant Details

DNA Sequence Variants

			Allele				
Amino Acid Change	Coding	Locus	Frequency	Transcript	Variant Effect	ClinVar ¹	Coverage
p.(V757Ffs*8)	c.2269delG	chr17:41245278	49.18%	NM_007294.4	frameshift Deletion	Pathogenic	3959
p.(?)	c26G>A	chr13:32890572	52.69%	NM_000059.3	unknown	Benign	3997
p.(N372H)	c.1114A>C	chr13:32906729	51.06%	NM_000059.3	missense	Benign	3997
p.(K1132=)	c.3396A>G	chr13:32911888	51.36%	NM_000059.3	synonymous	Benign	3997
p.(L1521=)	c.4563A>G	chr13:32913055	99.95%	NM_000059.3	synonymous	Benign	3994
p.(V2171=)	c.6513G>C	chr13:32915005	100.00%	NM_000059.3	synonymous	Benign	3998
p.(S2414=)	c.7242A>G	chr13:32929232	49.22%	NM_000059.3	synonymous	Benign	4000
p.(V2466A)	c.7397T>C	chr13:32929387	99.72%	NM_000059.3	missense	Benign	3997
p.(S1613G)	c.4837A>G	chr17:41223094	99.97%	NM_007294.4	missense	Benign	3998
p.(S1436=)	c.4308T>C	chr17:41234470	99.80%	NM_007294.4	synonymous	Benign	4000
p.(K1183R)	c.3548A>G	chr17:41244000	99.67%	NM_007294.4	missense	Benign	3999
p.(E1038G)	c.3113A>G	chr17:41244435	99.65%	NM_007294.4	missense	Benign	3999
p.(P871L)	c.2612C>T	chr17:41244936	99.65%	NM_007294.4	missense	Benign	3999
p.(L771=)	c.2311T>C	chr17:41245237	99.90%	NM_007294.4	synonymous	Benign	3998
p.(S694=)	c.2082C>T	chr17:41245466	99.85%	NM_007294.4	synonymous	Benign	3997
p.(V191I)	c.571G>A	chr17:41249283	49.36%	NM_007294.4	missense	Benign	3525
	p.(V757Ffs*8) p.(?) p.(N372H) p.(K1132=) p.(L1521=) p.(V2171=) p.(S2414=) p.(V2466A) p.(S1613G) p.(S1436=) p.(K1183R) p.(E1038G) p.(P871L) p.(L771=) p.(S694=)	p.(V757Ffs*8) c.2269delG p.(?) c26G>A p.(N372H) c.1114A>C p.(K1132=) c.3396A>G p.(L1521=) c.4563A>G p.(V2171=) c.6513G>C p.(S2414=) c.7242A>G p.(V2466A) c.7397T>C p.(S1613G) c.4837A>G p.(S1436=) c.4308T>C p.(K1183R) c.3548A>G p.(E1038G) c.3113A>G p.(P871L) c.2612C>T p.(S694=) c.2082C>T	p.(V757Ffs*8)c.2269delGchr17:41245278p.(?)c26G>Achr13:32890572p.(N372H)c.1114A>Cchr13:32906729p.(K1132=)c.3396A>Gchr13:32911888p.(L1521=)c.4563A>Gchr13:32913055p.(V2171=)c.6513G>Cchr13:32915005p.(S2414=)c.7242A>Gchr13:32929232p.(V2466A)c.7397T>Cchr13:32929387p.(S1613G)c.4837A>Gchr17:41223094p.(S1436=)c.4308T>Cchr17:41234470p.(K1183R)c.3548A>Gchr17:41244000p.(E1038G)c.3113A>Gchr17:41244435p.(P871L)c.2612C>Tchr17:41244936p.(L771=)c.2311T>Cchr17:41245237p.(S694=)c.2082C>Tchr17:41245466	Amino Acid ChangeCodingLocusFrequencyp.(V757Ffs*8)c.2269delGchr17:4124527849.18%p.(?)c26G>Achr13:3289057252.69%p.(N372H)c.1114A>Cchr13:3290672951.06%p.(K1132=)c.3396A>Gchr13:3291188851.36%p.(L1521=)c.4563A>Gchr13:3291305599.95%p.(V2171=)c.6513G>Cchr13:32915005100.00%p.(S2414=)c.7242A>Gchr13:3292933249.22%p.(V2466A)c.7397T>Cchr13:3292938799.72%p.(S1613G)c.4837A>Gchr17:4122309499.97%p.(S1436=)c.4308T>Cchr17:4123447099.80%p.(K1183R)c.3548A>Gchr17:4124400099.67%p.(E1038G)c.3113A>Gchr17:4124443599.65%p.(P871L)c.2612C>Tchr17:4124493699.65%p.(L771=)c.2311T>Cchr17:4124523799.90%p.(S694=)c.2082C>Tchr17:4124546699.85%	Amino Acid ChangeCodingLocusFrequencyTranscriptp.(V757Ffs*8)c.2269delGchr17:4124527849.18%NM_007294.4p.(?)c.26G>Achr13:3289057252.69%NM_000059.3p.(N372H)c.1114A>Cchr13:3290672951.06%NM_000059.3p.(K1132=)c.3396A>Gchr13:3291188851.36%NM_000059.3p.(L1521=)c.4563A>Gchr13:3291305599.95%NM_000059.3p.(V2171=)c.6513G>Cchr13:32915005100.00%NM_000059.3p.(S2414=)c.7242A>Gchr13:3292932249.22%NM_000059.3p.(V2466A)c.7397T>Cchr13:3292938799.72%NM_000059.3p.(S1613G)c.4837A>Gchr17:4122309499.97%NM_0007294.4p.(S1436=)c.4308T>Cchr17:4123447099.80%NM_007294.4p.(K1183R)c.3548A>Gchr17:4124400099.67%NM_007294.4p.(E1038G)c.3113A>Gchr17:4124493699.65%NM_007294.4p.(P871L)c.2612C>Tchr17:4124493699.65%NM_007294.4p.(L771=)c.2311T>Cchr17:4124523799.90%NM_007294.4p.(S694=)c.2082C>Tchr17:4124546699.85%NM_007294.4	Amino Acid Change Coding Locus Frequency Transcript Variant Effect p.(V757Ffs*8) c.2269delG chr17:41245278 49.18% NM_0007294.4 frameshift Deletion p.(?) c.26G>A chr13:32890572 52.69% NM_000059.3 unknown p.(N372H) c.1114A>C chr13:329106729 51.06% NM_000059.3 missense p.(K1132=) c.3396A>G chr13:32911888 51.36% NM_000059.3 synonymous p.(L1521=) c.4563A>G chr13:32913055 99.95% NM_000059.3 synonymous p.(V2171=) c.6513G>C chr13:32915005 100.00% NM_000059.3 synonymous p.(S2414=) c.7242A>G chr13:32929232 49.22% NM_000059.3 synonymous p.(V2466A) c.7397T>C chr13:32929237 99.72% NM_000059.3 missense p.(S1613G) c.4837A>G chr17:41223094 99.97% NM_0007294.4 missense p.(S1436=) c.4308T>C chr17:41244400 99.67% NM_007294.4 missense <td>Amino Acid Change Coding Locus Frequency Transcript Variant Effect ClinVar1 p.(V757Ffs*8) c.2269delG chr17:41245278 49.18% NM_007294.4 frameshift Deletion p.(?) c.266>A chr13:32890572 52.69% NM_000059.3 unknown Benign p.(N372H) c.1114A>C chr13:32911888 51.36% NM_000059.3 synonymous Benign p.(K1132=) c.3396A>G chr13:32911888 51.36% NM_000059.3 synonymous Benign p.(V2171=) c.4563A>G chr13:32915005 100.00% NM_000059.3 synonymous Benign p.(V2171=) c.6513G>C chr13:32915005 100.00% NM_000059.3 synonymous Benign p.(V2466A) c.7342A>G chr13:32929322 49.22% NM_000059.3 synonymous Benign p.(S1613G) c.4837A>G chr17:41223094 99.97% NM_0007294.4 missense Benign p.(S1436=) c.4308T>C chr17:41244400 99.67% NM_007294.4 mi</td>	Amino Acid Change Coding Locus Frequency Transcript Variant Effect ClinVar1 p.(V757Ffs*8) c.2269delG chr17:41245278 49.18% NM_007294.4 frameshift Deletion p.(?) c.266>A chr13:32890572 52.69% NM_000059.3 unknown Benign p.(N372H) c.1114A>C chr13:32911888 51.36% NM_000059.3 synonymous Benign p.(K1132=) c.3396A>G chr13:32911888 51.36% NM_000059.3 synonymous Benign p.(V2171=) c.4563A>G chr13:32915005 100.00% NM_000059.3 synonymous Benign p.(V2171=) c.6513G>C chr13:32915005 100.00% NM_000059.3 synonymous Benign p.(V2466A) c.7342A>G chr13:32929322 49.22% NM_000059.3 synonymous Benign p.(S1613G) c.4837A>G chr17:41223094 99.97% NM_0007294.4 missense Benign p.(S1436=) c.4308T>C chr17:41244400 99.67% NM_007294.4 mi

¹ Based on Clinvar version 20200329

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^{1,2}. Specifically, BRCA1/2 are required for the 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 cancer and in men for breast and prostate cancer^{3,4,5}. 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

Biomarker Descriptions (continued)

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 is also approved (2020) for deleterious 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. In addition to PARP inhibitors, other drugs which promote synthetic lethality have been investigated for BRCA mutations. In 2022, the FDA granted fast track designation to the small molecule inhibitor, pidnarulex²⁵, for BRCA1/2, PALB2, or other homologous recombination deficiency (HRD) mutations in breast and ovarian cancers. Like PARPi, pidnarulex promotes synthetic lethality but through an alternative mechanism which involves stabilization of G-quadruplexes at the replication fork leading to DNA breaks and genomic instability.

Relevant Therapy Summary

In this cancer type	O In other cancer type	In this cancer	type and other car	X No evidence		
BRCA1 p.(V757	7Ffs*8) c.2269delG					
Relevant Therapy		FDA	NCCN	EMA	ESMO	Clinical Trials*
olaparib		•	•	•	•	×
rucaparib		•	•	×		×
bevacizumab + olapa	arib	•	•	•	•	×
niraparib		×		×		×
talazoparib		×	×	×	0	×

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Relevant Therapy Details

Current FDA Information

In this cancer type

O In other cancer type

In this cancer type and other cancer types

FDA information is current as of 2023-03-15. For the most up-to-date information, search www.fda.gov.

BRCA1 p.(V757Ffs*8) c.2269delG

olaparib, bevacizumab + olaparib

Cancer type: Castration-Resistant Prostate Label as of: 2022-10-27 Variant class: BRCA1 mutation

Cancer, Ovarian Cancer

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.

Breast cancer

- for the adjuvant treatment of adult patients with deleterious or suspected deleterious gBRCAm human epidermal growth factor receptor 2 (HER2)-negative high risk early breast cancer who have been treated with neoadjuvant or adjuvant chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA®.
- 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/2022/208558s024lbl.pdf

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BRCA1 p.(V757Ffs*8) c.2269delG (continued)

rucaparib

Cancer type: Castration-Resistant Prostate Label as of: 2022-12-21 Variant class: BRCA1 mutation

Cancer, Ovarian Cancer

Indications and usage:

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

Ovarian cancer

• for the maintenance treatment of adult patients with a deleterious BRCA mutation (germline and/or somatic)- associated recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

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 taxanebased 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/2022/209115s013lbl.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 2023-03-01. 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.(V757Ffs*8) c.2269delG

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 III, Stage IV; Partial response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

niraparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Persistent, Recurrent, Partial response, Complete response (Maintenance therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

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 response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

olaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Persistent, Recurrent, Partial response, Complete response (Maintenance therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

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BRCA1 p.(V757Ffs*8) c.2269delG (continued)

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 response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

rucaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

■ Epithelial, Fallopian Tube, Primary Peritoneal; Persistent, Recurrent, Partial response, Complete response (Maintenance therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

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 response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

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 IV; Partial response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

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BRCA1 p.(V757Ffs*8) c.2269delG (continued)

rucaparib

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 IV; Partial response, Complete response (Maintenance therapy)

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

niraparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 3

Population segment (Line of therapy):

 Epithelial, Less Common Ovarian Cancers, Fallopian Tube, Primary Peritoneal; Recurrent (Recurrence therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

rucaparib

Cancer type: Ovarian Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 3

Population segment (Line of therapy):

 Epithelial, Less Common Ovarian Cancers, Fallopian Tube, Primary Peritoneal; Recurrent (Recurrence therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Ovarian Cancer [Version 1.2023]

O olaparib

Cancer type: Castration-Resistant Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

Adenocarcinoma; Metastatic (Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 1.2023]

BRCA1 p.(V757Ffs*8) c.2269delG (continued)

O rucaparib

Cancer type: Pancreatic Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Adenocarcinoma; Metastatic (Maintenance therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Pancreatic Adenocarcinoma [Version 2.2022]

O rucaparib

Cancer type: Castration-Resistant Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Adenocarcinoma; Metastatic (Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 1.2023]

O olaparib

Cancer type: Breast Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

■ Stage IV; Invasive (Line of therapy not specified); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Breast Cancer [Version 2.2023]

O olaparib

Cancer type: Castration-Resistant Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

Adenocarcinoma; Visceral Metastases (Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 1.2023]

O rucaparib

Cancer type: Castration-Resistant Prostate Cancer Variant class: BRCA1 mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

Adenocarcinoma; Visceral Metastases (Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Prostate Cancer [Version 1.2023]

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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 2023-03-15. For the most up-to-date information, search www.ema.europa.eu/ema.

BRCA1 p.(V757Ffs*8) c.2269delG

olaparib, bevacizumab + olaparib

Cancer type: Castration-Resistant Prostate Label as of: 2023-02-02 Variant class: BRCA1 mutation

Cancer, Ovarian Cancer

Reference:

https://www.ema.europa.eu/en/documents/product-information/lynparza-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 2023-03-01. For the most up-to-date information, search www.esmo.org.

BRCA1 p.(V757Ffs*8) c.2269delG

bevacizumab + olaparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation or HR Deficient

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

Population segment (Line of therapy):

■ Epithelial; Relapsed (Maintenance therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Newly Diagnosed and Relapsed Epithelial Ovarian Carcinoma [Ann Oncol 2013; 24 (Suppl 6): vi24-vi32. (eUpdate: 19 July 2021, 01 April 2020, 21 September 2016; Corrigendum: 03 October 2018)]

niraparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation or HR Deficient

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

Population segment (Line of therapy):

■ Epithelial; Relapsed (Maintenance therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Newly Diagnosed and Relapsed Epithelial Ovarian Carcinoma [Ann Oncol 2013; 24 (Suppl 6): vi24-vi32. (eUpdate: 19 July 2021, 01 April 2020, 21 September 2016; Corrigendum: 03 October 2018)]

olaparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation

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

Population segment (Line of therapy):

■ Epithelial; Relapsed (Maintenance therapy); ESMO-MCBS v1.1 score: 4

Reference: ESMO Clinical Practice Guidelines - ESMO-Newly Diagnosed and Relapsed Epithelial Ovarian Carcinoma [Ann Oncol 2013; 24 (Suppl 6): vi24-vi32. (eUpdate: 19 July 2021, 01 April 2020, 21 September 2016; Corrigendum: 03 October 2018)]

rucaparib

Cancer type: Ovarian Cancer Variant class: BRCA mutation

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

Population segment (Line of therapy):

■ Epithelial; 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: 19 July 2021, 01 April 2020, 21 September 2016; Corrigendum: 03 October 2018)]

BRCA1 p.(V757Ffs*8) c.2269delG (continued)

O olaparib

Cancer type: Breast Cancer Variant class: BRCA1 mutation

Other criteria: ERBB2 negative, ER positive

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

Population segment (Line of therapy):

■ Luminal A; Advanced, Metastatic (Second-line therapy); ESMO-MCBS v1.1 score: 4

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Breast Cancer [Ann Oncol (2021) VOLUME 32, ISSUE 12, P1475-1495, DECEMBER 01, 2021; DOI:https://doi.org/10.1016/j.annonc.2021.09.019]

O talazoparib

Cancer type: Breast Cancer Variant class: BRCA1 mutation

Other criteria: ERBB2 negative, ER positive

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

Population segment (Line of therapy):

■ Luminal A; Advanced, Metastatic (Second-line therapy); ESMO-MCBS v1.1 score: 4

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Breast Cancer [Ann Oncol (2021) VOLUME 32, ISSUE 12, P1475-1495, DECEMBER 01, 2021; DOI:https://doi.org/10.1016/j.annonc.2021.09.019]

O olaparib

Cancer type: Castration-Resistant Prostate Cancer Variant class: BRCA1 mutation

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

Population segment (Line of therapy):

Metastatic, Progression (Line of therapy not specified)

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

O olaparib

Cancer type: Biliary Tract Carcinoma Variant class: BRCA1 mutation

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

Population segment (Line of therapy):

(Second-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Biliary Cancer [Annals of Oncology (2022), doi: https://doi.org/10.1016/j.annonc.2022.10.506]

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Alerts Informed By Public Data Sources

Current FDA Information

Contraindicated

Not recommended

Resistance

Breakthrough

Fast Track

FDA information is current as of 2023-03-15. For the most up-to-date information, search www.fda.gov.

BRCA1 p.(V757Ffs*8) c.2269delG

pidnarulex

Cancer type: Breast Cancer, Ovarian Cancer

Variant class: HR Deficient

Supporting Statement:

The FDA has granted Fast Track Designation to the small molecule inhibitor, pidnarulex for BRCA1/2, PALB2, or other HRD mutations in breast and ovarian cancers.

Reference:

https://www.senhwabio.com//en/news/20220125

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