



Sample Information

Patient Name: 簡志剛
Gender: Male
ID No.: H124609656
History No.: 49055869
Age: 47

Ordering Doctor: DOC6238J_李君陽
Ordering REQ.: OCCNGKT
Signing in Date: 2022/11/15

Path No.: M111-00001
MP No.: F22121
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: S22-09764 和信
Percentage of tumor cells: 30%

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

Note:

Sample Cancer Type: Rectal Cancer

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Relevant Rectal Cancer Variants

Gene	Finding
BRAF	None detected
KRAS	KRAS p.(G12V) c.35G>T
NRAS	None detected
NTRK1	None detected
NTRK2	None detected
NTRK3	None detected

Relevant Biomarkers

Alerts informed by public data sources: ⊘ Contraindicated, 🛡 Resistance

KRAS p.(G12V) c.35G>T ⊘ cetuximab^{1,2}, cetuximab + chemotherapy², panitumumab¹, panitumumab + chemotherapy²

Public data sources included in alerts: FDA¹, NCCN, EMA², 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
KRAS	p.(G12V)	c.35G>T	COSM520	chr12:25398284	46.00%	NM_033360.4	missense	1998
BRAF	p.(K338E)	c.1012A>G	.	chr7:140494236	21.55%	NM_004333.6	missense	2000

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.

Clinical Trials in Taiwan region:

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

FDA information is current as of 2022-09-14. For the most up-to-date information, search www.fda.gov.

KRAS p.(G12V) c.35G>T

cetuximab

Cancer type: Colorectal Cancer

Label as of: 2021-09-24

Variant class: KRAS G12 mutation

Indications and usage:

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

BRAF V600E Mutation-Positive Metastatic Colorectal Cancer (CRC)

- in combination with encorafenib, for the treatment of adult patients with metastatic colorectal cancer (CRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/125084s279lbl.pdf

KRAS p.(G12V) c.35G>T (continued)

panitumumab

Cancer type: Colorectal Cancer

Label as of: 2021-08-25

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/2021/125147s210lbl.pdf

RO-5126766, defactinib + RO-5126766

Cancer type: Endometrial Carcinoma, Non-Small Cell Lung Cancer

Variant class: KRAS G12V 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 2022-09-01. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

KRAS p.(G12V) c.35G>T

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 1.2022]

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 1.2022]

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 1.2022]

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 1.2022]

Current EMA Information

 Contraindicated
  Not recommended
  Resistance
  Breakthrough
  Fast Track

EMA information is current as of 2022-09-14. For the most up-to-date information, search www.ema.europa.eu/ema.

KRAS p.(G12V) c.35G>T

cetuximab, cetuximab + oxaliplatin

Cancer type: Colorectal Cancer

Label as of: 2022-05-25

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: 2022-07-06

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 2022-09-01. For the most up-to-date information, search www.esmo.org.

KRAS p.(G12V) c.35G>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.(G12V) c.35G>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

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