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Sample Information

Patient Name: 詹弘吉 Gender: Male ID No.: K120227883 History No.: 46657276

Age: 53

Ordering Doctor: DOC3153J 黃煦晴

Ordering REQ.: 0BBBSWF Signing in Date: 2021/01/21

Path No.: S110-98094 **MP No.:** F21003

Assay: Oncomine Focus Assay

Sample Type: FFPE Block No.: S110-01213A Percentage of tumor cells: 80%

Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

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Report Highlights

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Relevant Non-Small Cell Lung Cancer Variants

Gene	Finding	Gene	Finding
ALK	Not detected	NTRK1	Not detected
BRAF	Not detected	NTRK2	Not detected
EGFR	Not detected	NTRK3	Not detected
ERBB2	Not detected	RET	Not detected
KRAS	Not detected	ROS1	Not detected
MET	Not detected		

Relevant Biomarkers

Tier	Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
IIC	PDGFRA amplification	None	None	5
	platelet derived growth factor receptor alpha			

 $\textbf{Public data sources included in relevant the rapies: FDA1, NCCN, EMA2, ESMO}$

Tier Reference: Li et al. Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer: A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists. J Mol Diagn. 2017 Jan;19(1):4-23.

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Variants (Exclude variant in Taiwan BioBank with >1% allele frequency)

DNA Sequence Variants Allele Gene Amino Acid Change Coding Variant ID Frequency Transcript Variant Effect Coverage Locus ALK c.3600G>C chr2:29443617 p.(=)12.65% NM 004304.4 synonymous 1961 **Copy Number Variations** Gene Locus **Copy Number** PDGFRA chr4.55097715 11 39

Biomarker Descriptions

PDGFRA (platelet derived growth factor receptor alpha)

Background: The PDGFRA gene encodes the platelet derived growth factor receptor alpha, a member of the PDGF receptor type III receptor tyrosine kinase family, which includes PDGFRB, CSF1R, FLT1, FLT3, FLT4, KDR, and KIT1,2. PDGFRA is a receptor for platelet derived growth factors, which are mitogens for cells of mesenchymal origin3. PDGFRA may function as a homodimer or heterodimer with PDGFRB depending on the ligand4. The PDGFRA gene is physically adjacent to KIT and KDR on chromosome 4q12. Ligand binding to PDGFRA results in kinase activation and stimulation of downstream pathways including the RAS/RAF/MEK/ERK and PI3K/AKT/MTOR pathways promoting cell proliferation and survival.

Alterations and prevalence: Recurrent somatic PDGFRA alterations are observed in both solid and hematological cancers and include activating mutations, gene amplification, and translocations generating PDGFRA gene fusions. Recurrent PDGFRA activating mutations, including D842V, V561D, N659K, and in-frame deletions in exon 18, are common in 30-40% of KIT negative gastrointestinal stromal tumors (GISTs) and approximately 7% overall^{5,6,7,8}. PDGFRA recurrent mutations are also described in adult and pediatric glioblastoma and high-grade gliomas^{8,9}. In these cases, PDGFRA amplification is common (about 10% of cases) and recurrent mutations frequently co-occur with gene amplification^{10,11}. PDGFRA fusions are observed in gliomas and glioblastomas as well as eosinophilic leukemias, of which the FIP1L1-PDGFRA fusion defines approximately half of patients with hypereosinophilic syndrome^{12,13,14}.

Potential relevance: The FDA has granted fast track designation to crenolanib¹⁵ (2017) for GISTs harboring PDGFRA D842V mutation. Avapritinib¹⁶ is a tyrosine kinase inhibitor (TKI) that is approved (2020) by the FDA for metastatic or unresectable GIST harboring PDGFRA exon 18 mutations including PDGFRA D842V mutation. Another TKI, imatinib¹⁷, is approved (2001) for patients diagnosed with chronic eosinophilic leukemia harboring FIP1L1-PDGFRA fusions. Additionally, imatinib is recommended for the treatment of GISTs harboring PDGFRA mutations with the exception of D842V¹⁸. The TKI, dasatinib, is also recommended for the treatment of GISTs harboring a PDGFRA D842V mutation following disease progression on imatinib, sunitinib, or regorafenib¹⁸.

Relevant Therapy Summary

In this cancer type	In other cancer type	In this cancer type and other cancer types		X No evidence		
PDGFRA ampli	fication					
Relevant Therapy		FDA	NCCN	EMA	ESMO	Clinical Trials*
dasatinib, sunitinib		×	×	×	×	(II)
nilotinib, pazopanib		×	×	×	×	(II)
ponatinib		×	×	×	×	(II)

^{*} Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

Relevant Therapy Summary (continued)

■ In this cancer type
O In other cancer type
In this cancer type and other cancer types
X No evidence

PDGFRA amplification (continued) Relevant Therapy FDA NCCN EMA ESMO Clinical Trials* sunitinib X X (II)

Clinical Trials Summary

PDGFRA amplification			
NCT ID	Title	Phase	
NCT02029001	A Two-period, Multicenter, Randomized, Open-label, Phase II Study Evaluating the Clinical Benefit of a Maintenance Treatment Targeting Tumor Molecular Alterations in Patients With Progressive Locally-advanced or Metastatic Solid Tumors MOST: My own specific treatment	II	
NCT03297606	Canadian Profiling and Targeted Agent Utilization Trial (CAPTUR): A Phase II Basket Trial	II	
NCT02272998	Phase II Study Of Ponatinib For Advanced Cancers With Genomic Alterations In Fibroblastic Growth Factor Receptor (FGFR) And Other Genomic Targets (KIT, Pdgfra, RET FLT3, ABL1)	II	
NCT02693535	Targeted Agent and Profiling Utilization Registry (TAPUR) Study	II	
NCT02571036	A Multicenter Phase I, Open-Label Study of DCC-2618 to Assess Safety, Tolerability, and Pharmacokinetics in Patients With Advanced Malignancies	I	

sunitinib
 x
 x
 x
 (II)

 ripretinib
 x
 x
 x
 x
 (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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Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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