



Sample Information

Patient Name: 蘇徐清
Gender: Male
ID No.: A129014605
History No.: 26591480
Age: 36

Ordering Doctor: DOC5310D 曾彥寒
Ordering REQ.: D7816CA
Signing in Date: 2023/09/14

Path No.: M112-00248
MP No.: F23069
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: S112-41383F
Percentage of tumor cells: 50%

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

Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

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Relevant Non-Small Cell Lung Cancer Variants

| Gene | Finding | Gene | Finding |
|-------|---------------|-------|-------------------|
| ALK | None detected | NTRK1 | None detected |
| BRAF | None detected | NTRK2 | None detected |
| EGFR | None detected | NTRK3 | None detected |
| ERBB2 | None detected | RET | None detected |
| KRAS | None detected | ROS1 | CD74::ROS1 fusion |
| MET | None detected | | |

Relevant Biomarkers

| Tier | Genomic Alteration | Relevant Therapies (In this cancer type) | Relevant Therapies (In other cancer type) | Clinical Trials |
|------|--|---|--|-----------------|
| IA | CD74::ROS1 fusion CD74 molecule - ROS proto-oncogene 1, receptor tyrosine kinase | crizotinib ^{1, 2} entrectinib ^{1, 2} ceritinib lorlatinib repotrectinib | crizotinib entrectinib | 4 |

Public data sources included in relevant therapies: 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.

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

Gene Fusions (RNA)

| Genes | Variant ID | Locus | Read Count |
|-----------|------------------------------|---------------------------------|------------|
| CD74-ROS1 | CD74-ROS1.C6R34.COSF1200 | chr5:149784243 - chr6:117645578 | 34288 |
| CD74-ROS1 | CD74-ROS1.C6R35.COSF1478 | chr5:149784243 - chr6:117642557 | 4398 |
| CD74-ROS1 | CD74-ROS1.C6R33.Non-Targeted | chr5:149784243 - chr6:117647577 | 3398 |

Biomarker Descriptions

ROS1 (ROS proto-oncogene 1, receptor tyrosine kinase)

Background: The ROS1 gene encodes the ROS proto-oncogene receptor tyrosine kinase 1 which exhibits structural similarity to anaplastic lymphoma kinase (ALK)^{1,2}. Like ALK, ROS1 is the target of recurrent chromosomal rearrangements that generate fusion proteins containing the intact ROS1 tyrosine kinase domain combined with numerous fusion partner genes³. ROS1 fusion kinases are constitutively activated and drive oncogenic transformation⁴.

Alterations and prevalence: ROS1 fusions occur in approximately 1-2% of patients with non-small cell lung cancer (NSCLC) and are also observed in cholangiocarcinoma, gastric cancer, ovarian cancer, and glioblastoma^{1,5,6,7,8,9}.

Potential relevance: The tyrosine kinase inhibitor, entrectinib¹⁰, is approved (2019) for the treatment of ROS1 fusion positive metastatic NSCLC. Crizotinib¹¹, originally approved for the treatment of ALK positive NSCLC (2011), is also approved (2016) for the treatment of ROS1 positive NSCLC¹². Acquired resistance to crizotinib in ROS1 positive NSCLC is associated with kinase domain mutations S1986F/Y, G2032R, D2033N, and L2155S^{13,14,15}. The ROS1 tyrosine kinase inhibitor, repotrectinib¹⁶, was granted fast track and breakthrough designations (2020) for ROS1 positive NSCLC. The ROS-1 inhibitor, taletrectinib¹⁷, was also granted breakthrough therapy designation (2022) for the treatment of adult patients with advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) who are ROS1 tyrosine kinase inhibitor (TKI) treatment naïve or previously treated with crizotinib. Ceritinib is a second generation ALK inhibitor approved (2017) for ALK positive NSCLC that has also shown efficacy in ROS1 positive NSCLC. In a phase II study, ceritinib demonstrated systemic and intra-cranial activity with an objective response rate (ORR) of 62% in patients with advanced ROS1 positive NSCLC¹⁸. In addition to crizotinib and entrectinib, ceritinib is recommended for first-line treatment of ROS1-positive NSCLC¹⁹. Lorlatinib is a CNS-penetrant third-generation ALK and ROS1 inhibitor with preclinical activity against almost all known ALK and ROS1 resistance mutations^{20,21}. Lorlatinib is currently FDA approved (2018) for ALK positive metastatic NSCLC. In a phase I study testing lorlatinib in advanced ROS1-positive NSCLC, objective response was observed in 6/12 (50%) of patients²². Lorlatinib is recommended for subsequent therapy in ROS1 fusion-positive NSCLC in patients who have progressed after treatment with crizotinib, entrectinib, or ceritinib¹⁹.

Relevant Therapy Summary

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ☒ No evidence

CD74::ROS1 fusion

| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|-------------------------|-----|------|-----|------|------------------|
| crizotinib | ● | ● | ● | ● | × |
| entrectinib | ● | ● | ● | ● | × |
| lorlatinib | × | ● | × | × | ● (IV) |
| ceritinib | × | ● | × | × | × |
| repotrectinib | × | × | × | ● | ● (I/II) |
| entrectinib, durvalumab | × | × | × | × | ● (III) |

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

Relevant Therapy Details

Current FDA Information

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types

FDA information is current as of 2023-07-19. For the most up-to-date information, search www.fda.gov.

CD74::ROS1 fusion

● crizotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-14

Variant class: ROS1 fusion

Indications and usage:

XALKORI® is a kinase inhibitor indicated for the treatment of

- patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK) or ROS1-positive as detected by an FDA-approved test.
- pediatric patients 1 year of age and older and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) that is ALK-positive.
 - Limitations of Use: The safety and efficacy of XALKORI® have not been established in older adults with relapsed or refractory, systemic ALK-positive ALCL.
- adult and pediatric patients 1 year of age and older with unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT) that is ALK-positive.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/202570s033lbl.pdf

CD74::ROS1 fusion (continued)**● entrectinib****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2023-06-16**Variant class:** ROS1 fusion**Indications and usage:**

ROZLYTREK® is a kinase inhibitor indicated for the treatment of:

- Adult patients with ROS1-positive metastatic non-small cell lung cancer (NSCLC) as detected by an FDA-approved test.
- Adult and pediatric patients 12 years of age and older with solid tumors that:
 - have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion as detected by an FDA-approved test without a known acquired resistance mutation,
 - are metastatic or where surgical resection is likely to result in severe morbidity, and
 - have progressed following treatment or have no satisfactory alternative therapy.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/212725s007lbl.pdf

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 2023-07-03. For the most up-to-date information, search www.nccn.org. For NCCN International Adaptations & Translations, search www.nccn.org/global/what-we-do/international-adaptations.

Some variant specific evidence in this report may be associated with a broader set of alterations from the NCCN Guidelines. Specific variants listed in this report were sourced from approved therapies or scientific literature. These therapeutic options are appropriate for certain population segments with cancer. Refer to the NCCN Guidelines® for full recommendation.

CD74::ROS1 fusion

☒ ceritinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered prior to first line therapy (First-line therapy); Other recommended intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression, Symptomatic, Asymptomatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

☒ crizotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 fusion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered prior to first line therapy (First-line therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression, Symptomatic, Asymptomatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

CD74::ROS1 fusion (continued)**● entrectinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** ROS1 fusion**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered prior to first line therapy (First-line therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression, Symptomatic, Asymptomatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]**● lorlatinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** ROS1 fusion**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression, Symptomatic, Asymptomatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]**● crizotinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** ROS1 fusion**NCCN Recommendation category:** 2B**Population segment (Line of therapy):**

- Brain Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2023]**○ crizotinib****Cancer type:** Cutaneous Melanoma**Variant class:** ROS1 fusion**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Metastatic, Unresectable, Progression (Second-line therapy, Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Cutaneous Melanoma [Version 2.2023]

CD74::ROS1 fusion (continued)**○ entrectinib****Cancer type:** Cutaneous Melanoma**Variant class:** ROS1 fusion**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Metastatic, Unresectable, Progression (Second-line therapy, Subsequent therapy); Useful in certain circumstances

Reference: NCCN Guidelines® - NCCN-Cutaneous Melanoma [Version 2.2023]

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 2023-07-19. For the most up-to-date information, search www.ema.europa.eu/ema.

CD74::ROS1 fusion

☒ crizotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-12-02

Variant class: ROS1 fusion

Reference:

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

☒ entrectinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-07-18

Variant class: ROS1 positive

Reference:

https://www.ema.europa.eu/en/documents/product-information/rozlytrek-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 2023-07-03. For the most up-to-date information, search www.esmo.org.

CD74::ROS1 fusion

● crizotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 fusion

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic, Progression (Subsequent therapy); ESMO-MCBS v1.1 score: 3
- Stage IV; Advanced, Metastatic (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● entrectinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 fusion

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic, Progression (Subsequent therapy); ESMO-MCBS v1.1 score: 3
- Stage IV; Advanced, Metastatic (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● repotrectinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 fusion

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic, Progression (Subsequent therapy)
- Stage IV; Advanced, Metastatic (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

Clinical Trials in Taiwan region:

Clinical Trials Summary

CD74::ROS1 fusion

| NCT ID | Title | Phase |
|-----------------------------|---|-------|
| NCT05170204 | A Phase I-III, Multicenter Study Evaluating the Efficacy and Safety of Multiple Therapies in Cohorts of Patients Selected According to Biomarker Status, With Locally Advanced, Unresectable, Stage III Non-Small Cell Lung Cancer | III |
| NCT03093116 | A Phase I/II, Open-Label, Multi-Center, First-in-Human Study of the Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity of TPX-0005 in Patients With Advanced Solid Tumors Harboring ALK, ROS1, or NTRK1-3 Rearrangements (TRIDENT-1) | I/II |
| NCT05144997 | Lorlatinib (PF-06463922) Continuation Protocol: An Open-Label, Single-Arm Continuation Study For Participants With ALK-Positive or ROS1-Positive Non-Small Cell Lung Cancer (NSCLC) Continuing From Pfizer Sponsored Lorlatinib Clinical Studies | IV |
| NCT04094610 | A Phase I/II, Open-Label, Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity Study of Repotrectinib in Pediatric and Young Adult Subjects With Advanced or Metastatic Malignancies Harboring ALK, ROS1, NTRK1-3 Alterations | I/II |

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

FDA information is current as of 2023-07-19. For the most up-to-date information, search www.fda.gov.

CD74::ROS1 fusion

repotrectinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 positive

Supporting Statement:

The FDA has granted Breakthrough Designation to the ALK/ROS1/TRK inhibitor, repotrectinib, for the treatment of ROS1-positive metastatic non-small cell lung cancer (NSCLC) that has not been treated with a ROS1 tyrosine kinase inhibitor (TKI).

Reference:

<https://ir.tptherapeutics.com/news-releases/news-release-details/turning-point-therapeutics-granted-fda-breakthrough-therapy>

taletrectinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: ROS1 positive

Supporting Statement:

The FDA has granted Breakthrough Therapy Designation (BTD) to the ROS-1 inhibitor, taletrectinib, for the treatment of adult patients with advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) who have not been previously treated with ROS1 tyrosine kinase inhibitors or crizotinib.

Reference:

<https://www.anhearttherapeutics.com/news/press-releases/080322/>

CD74::ROS1 fusion (continued)**A repotrectinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** ROS1 positive**Supporting Statement:**

The FDA has granted Fast Track Designation to the ALK/ROS1/TRK inhibitor, repotrectinib, for:

- ROS1-positive advanced non-small cell lung cancer (NSCLC) previously treated with one prior platinum chemotherapy and one prior ROS1 TKI.
- ROS1-positive advanced non-small cell lung cancer (NSCLC) without prior ROS1 TKI treatment.
- NTRK fusion positive advanced solid tumors that have progressed following treatment with at least one prior line of chemotherapy and one or two prior TRK TKIs.

Reference:

<https://ir.tptherapeutics.com/news-releases/news-release-details/turning-point-therapeutics-granted-fast-track-designation>

References

1. Bergethson et al. ROS1 rearrangements define a unique molecular class of lung cancers. *J Clin Oncol*. 2012 Mar 10;30(8):863-70. doi: 10.1200/JCO.2011.35.6345. Epub 2012 Jan 3. PMID: 22215748
2. Davare et al. Structural insight into selectivity and resistance profiles of ROS1 tyrosine kinase inhibitors. *Proc Natl Acad Sci U S A*. 2015 Sep 29;112(39):E5381-90. doi: 10.1073/pnas.1515281112. Epub 2015 Sep 8. PMID: 26372962
3. Kohno et al. Beyond ALK-RET, ROS1 and other oncogene fusions in lung cancer. *Transl Lung Cancer Res*. 2015 Apr;4(2):156-64. PMID: 25870798
4. Lin et al. Recent Advances in Targeting ROS1 in Lung Cancer. *J Thorac Oncol*. 2017 Nov;12(11):1611-1625. PMID: 28818606
5. Shaw et al. Crizotinib in ROS1-rearranged non-small-cell lung cancer. *N Engl J Med*. 2014 Nov 20;371(21):1963-71. doi: 10.1056/NEJMoa1406766. Epub 2014 Sep 27. PMID: 25264305
6. Gu et al. Survey of tyrosine kinase signaling reveals ROS kinase fusions in human cholangiocarcinoma. *PLoS ONE*. 2011 Jan 6;6(1):e15640. PMID: 21253578
7. Charest et al. Fusion of FIG to the receptor tyrosine kinase ROS in a glioblastoma with an interstitial del(6)(q21q21). *Genes Chromosomes Cancer*. 2003 May;37(1):58-71. PMID: 12661006
8. Birch et al. Chromosome 3 anomalies investigated by genome wide SNP analysis of benign, low malignant potential and low grade ovarian serous tumours. *PLoS ONE*. 2011;6(12):e28250. PMID: 22163003
9. Lee et al. Identification of ROS1 rearrangement in gastric adenocarcinoma. *Cancer*. 2013 May 1;119(9):1627-35. PMID: 23400546
10. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/212725s007lbl.pdf
11. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/202570s033lbl.pdf
12. Kazandjian et al. Benefit-Risk Summary of Crizotinib for the Treatment of Patients With ROS1 Alteration-Positive, Metastatic Non-Small Cell Lung Cancer. *Oncologist*. 2016 Aug;21(8):974-80. doi: 10.1634/theoncologist.2016-0101. Epub 2016 Jun 21. PMID: 27328934
13. Song et al. Molecular Changes Associated with Acquired Resistance to Crizotinib in ROS1-Rearranged Non-Small Cell Lung Cancer. *Clin Cancer Res*. 2015 May 15;21(10):2379-87. doi: 10.1158/1078-0432.CCR-14-1350. Epub 2015 Feb 16. PMID: 25688157
14. Drilon et al. A Novel Crizotinib-Resistant Solvent-Front Mutation Responsive to Cabozantinib Therapy in a Patient with ROS1-Rearranged Lung Cancer. *Clin Cancer Res*. 2016 May 15;22(10):2351-8. doi: 10.1158/1078-0432.CCR-15-2013. Epub 2015 Dec 16. PMID: 26673800
15. Facchinetti et al. Crizotinib-Resistant ROS1 Mutations Reveal a Predictive Kinase Inhibitor Sensitivity Model for ROS1- and ALK-Rearranged Lung Cancers. *Clin Cancer Res*. 2016 Dec 15;22(24):5983-5991. Epub 2016 Jul 11. PMID: 27401242
16. <https://ir.tptherapeutics.com/news-releases/news-release-details/turning-point-therapeutics-granted-fda-breakthrough-therapy>
17. <https://www.anhearttherapeutics.com/news/press-releases/080322/>
18. Lim et al. Open-Label, Multicenter, Phase II Study of Ceritinib in Patients With Non-Small-Cell Lung Cancer Harboring ROS1 Rearrangement. *J Clin Oncol*. 2017 Aug 10;35(23):2613-2618. doi: 10.1200/JCO.2016.71.3701. Epub 2017 May 18. PMID: 28520527
19. NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]
20. Zou et al. PF-06463922, an ALK/ROS1 Inhibitor, Overcomes Resistance to First and Second Generation ALK Inhibitors in Preclinical Models. *Cancer Cell*. 2015 Jul 13;28(1):70-81. PMID: 26144315
21. Zou et al. PF-06463922 is a potent and selective next-generation ROS1/ALK inhibitor capable of blocking crizotinib-resistant ROS1 mutations. *Proc. Natl. Acad. Sci. U.S.A.* 2015 Mar 17;112(11):3493-8. PMID: 25733882
22. Shaw et al. Lorlatinib in non-small-cell lung cancer with ALK or ROS1 rearrangement: an international, multicentre, open-label, single-arm first-in-man phase 1 trial. *Lancet Oncol*. 2017 Dec;18(12):1590-1599. PMID: 29074098