# RGCC CAMBISeq<sup>™</sup>

R.G.C.C. International GmbH, Baarerstrasse 95, 6300 Zug,



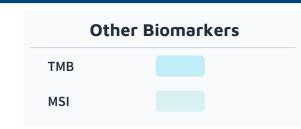
## Powered By $VELSER\Lambda$

PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
J D	05/15/1953	Non-small cell lung cancer	12		Final

### **REPORT SUMMARY**

## **Executive Summary**

[Please add your summary for this case.]



## **Genomic Findings**

	IA		IB		IIC		IID
BRAF	p.V600E c.1799T>A	TP53	p.P72R c.215C>G	TP53	p.V274F c.820G>T	PDGFRA	p.G79D c.236G>A

#### **CLINICALLY RELEVANT RESULTS**

## Tier I - Strong Clinical Significance

#### VARIANT

#### CLINICAL IMPACT

## BRAF

#### DKAF

p.V600E c.1799T>A

Α

VAF % 32 DEPTH 197

NM 004333.4

## May benefit from

 Vemurafenib, Pembrolizumab, Ipilimumab + Nivolumab, Dabrafenib, Durvalumab + Tremelimumab-actl, Cemiplimab-rwlc, Dabrafenib + Trametinib, Binimetinib + Encorafenib, or Atezolizumab *in Non-small cell lung cancer*

#### INTERPRETATION

BRAF is a proto-oncogene, downstream of RAS which activates the RAF-MEK-ERK signaling pathway, and regulates cell division and differentiation (RefSeq, Aug 2017). Dabrafenib in combination with trametinib is FDA (Dabrafenib, 202806s010lbl; Trametinib, 204114Orig1s009lbl) and EMA (Dabrafenib, Revision 18; Trametinib, Revision 16) approved and NCCN (NSCLC, 3.2019), ASCO (PMID: 28806116, 2017; PMID: 29401004, 2018) and ESMO (PMID: 30285222, 2018) guideline recommended for use in non-small cell lung cancer harboring BRAF p.(Val600Glu), as a first-line therapy or as subsequent therapy following disease progression. Per EMA, dabrafenib in combination with trametinib is approved for adults with advanced non-small cell lung cancer with a BRAF Val600 mutation. The safety and efficacy of dabrafenib in the pediatric population has not been established. Dabrafenib is NCCN (NSCLC, 3.2019) and ASCO (PMID: 28806116, 2017; PMID: 29401004, 2018) guideline recommended for use in non-small cell lung cancer harboring BRAF p.(Val600Glu), as a single agent therapy if the combination of dabrafenib and trametinib is not tolerated, or as subsequent therapy following disease progression. Vemurafenib is NCCN (NSCLC, 3.2019) guideline recommended for use in non-small cell lung cancer harboring BRAF p.(Val600Glu) as a single agent therapy if the combination of dabrafenib and trametinib is not tolerated, or as subsequent therapy following disease progression. The following associations with this genomic finding are from other tumor type contexts: Binimetinib in combination with encorafenib is ESMO (PMID: 26314774, 2015) guideline recommended for use in metastatic melanoma harboring a BRAF Val600 mutation, as first-line and second-line therapy. Binimetinib in combination with encorafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent

	~~			IC ™
RG		LA	MВ	lSeq™

Powered By VELSERA

PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
J D	05/15/1953	Non-small cell lung cancer	12		Final

VARIANT

## CLINICAL IMPACT

#### INTERPRETATION

therapy for disease progression. Binimetinib in combination with encorafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent therapy for disease progression. Cetuximab in combination with vemurafenib is NCCN (Colon Cancer, 4.2018; Rectal Cancer, 3.2018) guideline recommended for use in unresectable metastatic colorectal cancer harboring BRAF p.(Val600Glu), as a primary treatment or as a subsequent therapy following disease progression. Cobimetinib in combination with vemurafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent therapy for disease progression. Cobimetinib in combination with vemurafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent therapy for disease progression. Dabrafenib in combination with trametinib is ESMO (PMID: 26314774, 2015) guideline recommended for use in metastatic melanoma harboring a BRAF Val600 mutation, as first-line and second-line therapy. Dabrafenib in combination with trametinib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent therapy for disease progression. Dabrafenib in combination with trametinib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, as first-line therapy and as second-line or subsequent therapy for disease progression. Panitumumab in combination with vemurafenib is NCCN (Colon Cancer, 4.2018; Rectal Cancer, 3.2018) guideline recommended for use in unresectable metastatic colorectal cancer harboring BRAF p.(Val600Glu), as a primary treatment or as a subsequent therapy following disease progression. Cobimetinib in combination with vemurafenib is EMA (Cobimetinib, Revision 6) approved and ESMO (PMID: 26314774, 2015) guideline recommended for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, this combination is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of cobimetinib in the pediatric population and in non-Caucasians has not been established. Dabrafenib in combination with trametinib is FDA (Dabrafenib, 202806s010lbl; Trametinib, 204114Orig1s009lbl) approved and NCCN (Thyroid Carcinoma, 3.2018) guideline recommended for use in locally advanced or metastatic anaplastic thyroid carcinoma harboring BRAF p.(Val600Glu). Binimetinib in combination with encorafenib is FDA (Binimetinib, 210498s001lbl; Encorafenib, 210496s001lbl) and EMA (Binimetinib, Revision 1) approved and ESMO (PMID: 26314774, 2015) guideline recommended for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, this combination is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of binimetinib and encorafenib in the pediatric population has not been established. Cobimetinib in combination with vemurafenib is FDA (Cobimetinib, 206192s002lbl) and EMA (Cobimetinib, Revision 6) approved and ESMO (PMID: 26314774, 2015) guideline recommended for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, this combination is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of cobimetinib in the pediatric population and in non-Caucasians has not been established. Dabrafenib in combination with trametinib is FDA (Dabrafenib, 202806s010lbl; Trametinib, 204114Orig1s009lbl) and EMA (Dabrafenib, Revision 18; Trametinib, Revision 16) approved and ESMO (PMID: 26314774, 2015) guideline recommended for use in use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, this combination

DC	~~	CAR			TM
КG		CAI	ЧΒ	isec	1

Powered By VELSERA

PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
JD	05/15/1953	Non-small cell lung cancer	12		Final

VARIANT

## CLINICAL IMPACT

#### INTERPRETATION

is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of dabrafenib and trametinib in the pediatric population and in non-Caucasians has not been established. Dabrafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended as a monotherapy for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, if BRAF/MEK inhibitor combination therapy is contraindicated. Dabrafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended as a monotherapy for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, if BRAF/MEK inhibitor combination therapy is contraindicated. Dabrafenib is FDA (Dabrafenib, 202806s010lbl) and EMA (Dabrafenib, Revision 18) approved for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, dabrafenib is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of dabrafenib in the pediatric population and in non-Caucasians has not been established. Trametinib is FDA (Trametinib, 204114Orig1s009lbl) and EMA (Trametinib, Revision 16) approved as monotherapy for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, trametinib is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of trametinib in the pediatric population and in non-Caucasians has not been established. However, per NCCN (Cutaneous Melanoma, 1.2019), trametinib monotherapy is no longer a recommended treatment option due to relatively poor efficacy compared with BRAF inhibitor monotherapy and BRAF/MEK inhibitor combination therapy. Vemurafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended as a monotherapy for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, if BRAF/MEK inhibitor combination therapy is contraindicated. Vemurafenib is NCCN (Cutaneous Melanoma, 1.2019) guideline recommended as monotherapy for use in metastatic or unresectable cutaneous melanoma harboring a BRAF Val600 activating mutation, if BRAF/MEK inhibitor combination therapy is contraindicated. Vemurafenib is FDA (Vemurafenib, 202429s016lbl) and EMA (Vemurafenib, Revision 18) approved as a monotherapy for use in unresectable or metastatic melanoma harboring a BRAF Val600 mutation. Per EMA, vemurafenib is approved for adults with unresectable or metastatic melanoma harboring a BRAF Val600 mutation. The safety and efficacy of vemurafenib in the pediatric population and in non-Caucasians has not been established. Colorectal cancer harboring BRAF p.(Val600Glu) is deemed unlikely to respond to cetuximab given as a single agent or in combination with cytotoxic chemotherapy per NCCN (Colon Cancer, 4.2018; Rectal Cancer, 3.2018) guidelines. Colorectal cancer harboring BRAF p.(Val600Glu) is deemed unlikely to respond to panitumumab given as a single agent or in combination with cytotoxic chemotherapy per NCCN (Colon Cancer, 4.2018; Rectal Cancer, 3.2018) guidelines. BRAF p.(Val600Glu) is deemed an unfavorable prognostic marker in colorectal cancer per NCCN (Colon Cancer, 4.2018; Rectal Cancer, 3.2018) and ASCO (PMID: 28165299, 2017) guidelines. BRAF p.(Val600Glu) is associated with an unfavorable prognosis in papillary thyroid carcinoma per NCCN (Thyroid Carcinoma, 3.2018) guidelines.

### TP53

p.P72R c.215C>G

B

#### INTERPRETATION

*TP53* is a tumor suppressor and regulates expression of target genes, by inducing cell cycle arrest, apoptosis, senescence, DNA repair, or changes in metabolism (PMID- 20182602).

NM\_001126114.2 VAF % 99.1

GCC CAMBIS	eq™			Powe	ered By VELSE		
patient J D	DOB <b>05/15/1953</b>	DISEASE Non-small cell lung cancer	MRN 12	REPORT DATE	REPORT STATUS Final		
/ARIANT	CLINICAL IMP	ACT					
<b>DEPTH</b> 213	INTERPRETAT	ION					
	prediction a 12567188, 20 In ClinVar, th 'Benign' in th response' wa response, cis	'Tolerated' by SIFT and 'Possibly Damaging' by Polyphen2Hdiv and 'Benign' by Polyphen2Hvar prediction algorithms. The <i>TP53</i> , P72R has been reported to induce apoptosis in vitro (PMID- 12567188, 2003). In ClinVar, the clinical significance of germline <i>TP53</i> P72R is 'Benign and <b>having drug response</b> '; 'Benign' in the context of hereditary cancer-predisposing syndrome and Li-Fraumeni syndrome; 'drug response' was mentioned in the context of the following conditions: antineoplastic agents response, cisplatin response, cyclophosphamide response, fluorouracil response and paclitaxel response (Variation ID: 12351).					
	<i>TP53</i> P72R has been reported in multiple neoplasms including carcinoma of bile duct (COSMIC, October 2018).						
		significance of <i>TP53</i> P72R in poorly d 1 is not known.	ifferentiated	carcinoma involving	; hepatic		
	The P72R po 2016).	lymorphism of p53 predisposes to o	besity and m	etabolic dysfunction	(PMID: 26947067;		
	associated v (PMID- 2933	atients with plasma cell myeloma (Pe vith an increased PCM risk and signif 3597). Acute myeloid leukemia (AML rse OS (PMID- 24641375).	icantly affect	overall survival (OS)	of PCM patients		
	Currently, th	ere are no clinical trials recruiting ch	nolangiocarci	noma or solid tumor	r patients harborin		

## Tier II - Potential Clinical Significance

*TP53* P72R alteration.

VARIANT	CLINICAL IMPACT
TP53	Unfavorable Prognosis in
p.V274F c.820G>T	<ul> <li>Essential thrombocythemia, Medulloblastoma, Myelosclerosis with myeloid metaplasia,</li> <li>Myeloproliferative disorder, or Myeloproliferative neoplasm</li> </ul>
C	INTERPRETATION
NM_001126114.2 VAF % 100 DEPTH 191	TP53 is a tumor suppressor and regulates expression of target genes by inducing cell cycle arrest, apoptosis, senescence, DNA repair, or changes in metabolism (PMID: 22294769, 2012; 20182602, 2010). Some evidence suggests that adenocarcinoma of lung harboring a TP53 mutation may be associated with an unfavorable prognosis based on: a) overall survival in a study of 225 participants following resection (PMID: 30885352, 2019); and b) a retrospective study of 363 Brazilian participants (PMID: 37031678, 2023).

RGCC CAMBISeq <sup>™</sup> Powered By VELSE					ered By VELSER
patient J D	DOB <b>05/15/1953</b>	DISEASE Non-small cell lung cancer	MRN 12	REPORT DATE	REPORT STATUS <b>Final</b>
VARIANT	CLINICAL IMP	АСТ			
PDGFRA	INTERPRETAT	FION			
p.G79D c.236G>A		nymous <i>PDGFRA</i> p.G79D variant is det ) with a minor allele frequency of 0.0			
D		usly detected in non-small cell lung c 5855). Overall, the clinical significanc		0	tivating
NM_006206.4 VAF % 38.9 DEPTH 193	(1 MID. 1919.	oooo, overaa, are ennear significane	, ii uity, 15 iii		

## **Other Biomarkers**

BIOMARKER	CLINICAL IMPACT
ТМВ	INTERPRETATION
11.6 muts/Mb	
MSI	INTERPRETATION
<b>0.0%</b> Unstable Sites	

#### **Clinical Trials**

Clinical Trials associated with this patient's genomic profile and tumor type as displayed below.

TITLE	TRIAL IDENTIFIER	PHASE	VARIANT
A Study of Multiple Therapies in Biomarker-Selected Patients With Resectable Stages IB-III Non-Small Cell Lung Cancer	NCT04302025	II	<b>BRAF</b> p.V600E c.1799T>A
Pilot Trial of Molecular Profiling and Targeted Therapy for Advanced Non-Small Cell Lung Cancer, Small Cell Lung Cancer, and Thymic Malignancies	NCT01306045	II	<b>PDGFRA</b> p.G79D c.236G>A
A Study to Characterize the Safety, Tolerability, and Preliminary Efficacy of CFT1946 as Monotherapy and in Combination With Trametinib in Subjects With BRAF V600 Mutant Solid Tumors	NCT05668585	1/11	<b>BRAF</b> p.V600E c.1799T>A

RGCC CAMBISeq <sup>™</sup> Powered By VELSERA					
patient J D	DOB 05/15/1953	DISEASE Non-small cell lung cancer	MRN 12	REPORT DATE	REPORT STATUS Final
TITLE			TRIAL IDENTIFIER	PHASE	VARIANT
A Pilot Study of N Small Cell Lung C		y Selected Patients With Advanced Non-	NCT02299141	LI	<b>PDGFRA</b> p.G79D c.236G>A
					<b>TP53</b> p.V274F c.820G>T
					<b>TP53</b> p.P72R c.215C>G
A Pilot Study of P Small Cell Lung C		Selected Patients With Advanced Non-	NCT02193152	2	<b>TP53</b> p.V274F c.820G>T
					<b>TP53</b> p.P72R c.215C>G

### TIER III - VARIANTS OF UNCERTAIN SIGNIFICANCE

#### No variants were reported for this classification tier.

## CLASSIFICATION AND LEVELS OF EVIDENCE

The variant classification system used in this report is based on joint consensus recommendations of the Association for Molecular Pathology, American Society of Clinical Oncology, and the College of American Pathologists (J Mol Diagn 2017, 19:4-23). Tiers IA, IB, IIC, IID, III and IV describe variant categories of descending clinical significance in the patient. Variants in Tier IV are not reported in accordance with the consensus recommendations.

IA	IB	IIC	IID
Variant of strong clinical significance, Level A evidence (FDA approved therapy or practice guideline in patient's tumor type)	Variant of strong clinical significance, Level B Evidence (consensus in the field based on well-powered studies in patient's tumor type)	Variant of potential clinical significance, Level C evidence (FDA approved therapy or practice guideline in other tumor type(s), evidence from multiple small published studies, or based on availability of investigational therapies)	Variant of potential clinical significance, Level D evidence (case reports or preclinical studies)

RGCC CAMBISeq <sup>™</sup> Powered By VELSER								
patient J D	DOB 05/15/1953	DISEASE Non-small cell lung canc	er	MRN 12	REPORT DATE	report status Final		
III Va	riant of uncertain clinical si	gnificance	IV	Benign	or likely benign variant			
TEST DETAILS	;							
REPORTED GEN	NES	CGW VERSION			DATABASE DETAILS			
targeted next	genes were subjected to generation sequencing ls available upon	CGW_v6.27			The versions, releas the following databa generate this report	ases were used to		
Tequest.				-	– Genomic Build: GR	Ch37.p13		
				-	– Genomic Annotatio RefSeq v105	on Sources: NCBI		
				-	– gnomAD: r2.1			
				-	– dbSNP: 149			
					– ExAC: v1.0			
					– dbNSFP: 4.4c			
					- ClinVar: 20230930	2		
					<ul> <li>– NHLBI ESP: v.0.0.30</li> <li>– COSMIC: v98</li> </ul>	J		
				-	- COSMIC: V90			

#### CODING EXON COVERAGE METRICS

Level 2: 100x coverage for > 50% of positions was not achieved for the targeted exon regions listed below:

<b>Gene</b> Transcript ID (Exon/Intron('))					
<b>BRD4</b>	<b>FAM175A</b>	<b>FAM175A</b>	<b>FAM175A</b>	<b>GATA6</b>	<b>GATA6</b>
NM_058243.2 (14)	NM_139076.2 (7)	NM_139076.2 (4)	NM_139076.2 (3)	NM_005257.4 (2)	NM_005257.4 (3)
<b>IGF1</b>	<b>POLE</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>
NM_000618.3 (1)	NM_006231.2 (1)	NM_138923.2 (1)	NM_138923.2 (2)	NM_138923.2 (4)	NM_138923.2 (7)
<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b> ) NM_138923.2 (1	<b>TAF1</b>
NM_138923.2 (9)	NM_138923.2 (10)	NM_138923.2 (11)	NM_138923.2 (12)		3) NM_138923.2 (14)
<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>
NM_138923.2 (15)	NM_138923.2 (16)	NM_138923.2 (17)	NM_138923.2 (18	8) NM_138923.2 (	19) NM_138923.2 (20)
<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>
NM_138923.2 (21)	NM_138923.2 (22)	NM_138923.2 (24)	NM_138923.2 (2)	5) NM_138923.2 (	26) NM_138923.2 (27)

Powered By VELSERA MRN REPORT DATE REPORT STATUS

Final

12

RGCC CAMBISeq <sup>™</sup>	
----------------------------	--

DOB

05/15/1953

DISEASE

Non-small cell lung cancer

PATIENT

JD

<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b>	<b>TAF1</b> ) NM_138923.2 (3)	<b>TAF1</b>	<b>TAF1</b>
NM_138923.2 (28)	NM_138923.2 (29)	NM_138923.2 (30)		1) NM_138923.2 (3	33) NM_138923.2 (34)
<b>GEN1</b>	<b>GEN1</b>	<b>GEN1</b>	<b>GEN1</b>	<b>GEN1</b>	<b>GEN1</b>
NM_182625.3 (3)	NM_182625.3 (8)	NM_182625.3 (9)	NM_182625.3 (10)	NM_182625.3 (11)	NM_182625.3 (12)
<b>GEN1</b>	<b>NPM1</b>	<b>NPM1</b>	<b>NPM1</b>	<b>NPM1</b>	<b>NPM1</b>
NM_182625.3 (13)	NM_002520.6 (2)	NM_002520.6 (5)	NM_002520.6 (6)	NM_002520.6 (7)	NM_002520.6 (9)
<b>NPM1</b>	<b>RUNX1</b>	<b>CYLD</b>	<b>CYLD</b>	<b>CYLD</b>	<b>CYLD</b>
NM_002520.6 (11)	NM_001754.4 (3)	NM_015247.2 (6)	NM_015247.2 (9)	NM_015247.2 (13)	NM_015247.2 (14)
<b>CYLD</b>	<b>CYLD</b>	<b>FANCA</b>	<i>FANCA</i>	<b>GID4</b>	<b>MAP3K4</b>
NM_015247.2 (15)	NM_015247.2 (17)	NM_000135.2 (5)	NM_000135.2 (1)	NM_024052.4 (1)	NM_005922.2 (1)
<b>MAP3K4</b>	<b>TCEB1</b>	<b>ACVR1B</b>	<b>BTK</b>	<b>BTK</b>	<b>BTK</b>
NM_005922.2 (19)	NM_001204857.1 (	2) NM_004302.4 (2	1) NM_000061.2 (.	19) NM_000061.2	(18) NM_000061.2 (17)
<b>BTK</b>	<b>BTK</b>	<b>BTK</b>	<b>BTK</b> ) NM_000061.2 (12	<b>BTK</b>	<b>BTK</b>
NM_000061.2 (16)	NM_000061.2 (15)	NM_000061.2 (14)		2) NM_000061.2 (1	.0) NM_000061.2 (9)
<b>BTK</b>	<b>BTK</b>	<b>BTK</b>	<b>BTK</b>	<b>BTK</b>	<b>BTK</b>
NM_000061.2 (8)	NM_000061.2 (6)	NM_000061.2 (5)	NM_000061.2 (4)	NM_000061.2 (3)	NM_000061.2 (2)
<b>FANCC</b>	<i>FANCC</i>	<b>MAPK1</b>	<b>NRG1</b>	<b>NRG1</b>	<b>NRG1</b>
NM_000136.2 (5)	NM_000136.2 (4)	NM_002745.4 (1)	NM_013956.3 (4)	NM_013956.3 (8)	NM_013956.3 (5)
<b>PPP2R1A</b>	<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>
NM_014225.5 (1)	NM_003200.3 (15)	NM_003200.3 (14)	NM_003200.3 (12)	NM_003200.3 (11	.) NM_003200.3 (10)
<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>	<b>TCF3</b>	<b>DCUN1D1</b>
NM_003200.3 (9)	NM_003200.3 (8)	NM_003200.3 (7)	NM_003200.3 (6)	NM_003200.3 (3)	NM_020640.2 (6)
<b>DCUN1D1</b>	<b>DCUN1D1</b>	<b>FANCD2</b>	<b>FANCD2</b>	<b>FANCD2</b>	<b>FANCD2</b>
NM_020640.2 (5)	NM_020640.2 (1)	NM_033084.3 (3)	NM_033084.3 (7)	NM_033084.3 (13)	NM_033084.3 (14)
<b>FANCD2</b>	<b>GNA11</b>	<b>MAPK3</b>	<b>NSD1</b>	<b>PPP2R2A</b>	<b>PPP2R2A</b>
NM_033084.3 (20)	NM_002067.2 (1)	NM_002746.2 (1)	NM_022455.4 (8)	NM_002717.3 (3)	NM_002717.3 (5)
PPP2R2A	SDHA	SDHA	TCF7L2	FANCE	GNA13

NTRK2

NM\_006180.3 (12)

RGCC CAMBISeq <sup>™</sup>					Po	
	ов 5/15/1953	DISEASE Non-small cell lur	ng cancer	MRN 12	REPORT DATE	REPORT STATUS Final
<b>NTRK2</b> NM_006180.3 (15)	<b>SDHB</b> NM_003000.2 (1)	<i>TERT</i> TERT_Promoter (0')	<b>NTRK3</b> NM_001012338.2		<b>PREX2</b> 24870.2 (4)	<b>PREX2</b> NM_024870.2 (13)
<b>PREX2</b> NM_024870.2 (17)	<b>SDHC</b> NM_003001.3 (6)	<b>DICER1</b> NM_030621.3 (8)	<b>FANCI</b> NM_001113378.1 (6)	<b>FAN</b> NM_00111		<b>FANCI</b> NM_001113378.1 (14)
<b>FANCI</b> NM_001113378.1 (22)	<b>FANCI</b> NM_001113378.	<b>GPR12</b> 1 (28) NM_032777			<b>MDM2</b> 02392.5 (5)	<b>NUP93</b> NM_014669.4 (16)
<b>SDHD</b> NM_003002.3 (4)	<b>ANKRD11</b> NM_001256183.1 (13	<b>DIS3</b> ) NM_014953.3 (1)	<i>FANCL</i> NM_001114636.	1 (14) NM_0	<b>FANCL</b> 01114636.1 (13	3)
<b>FANCL</b> NM_001114636.1 (12)	<b>FANCL</b> NM_001114636.	<b>FAN</b> 1 (11) NM_001114		<b>FANCL</b> 1114636.1 (4)	<b>FAN</b> NM_001114	
<b>FANCL</b> NM_001114636.1 (2)	<b>INPP4A</b> NM_004027.2 (4)	<i>INPP4A</i> NM_004027.2 (6)	<b>PRKCI</b> NM_002740.5 (4)	<b>PRKCI</b> NM_002740		<b>PRKCI</b> 002740.5 (12)
<b>PRKCI</b> NM_002740.5 (13)	<b>PRKCI</b> NM_002740.5 (15)	<b>TFE3</b> NM_006521.4 (9)	<b>TFE3</b> NM_006521.4 (8)	<b>TFE3</b> NM_006521.4		<b>TFE3</b> 06521.4 (2)
<b>TFE3</b> NM_006521.4 (1)	<b>ANKRD26</b> NM_001256053.1 (34	ANKRD26	<b>ANKR</b> 1 (33) NM_001256		<b>ANKRD2</b> IM_001256053	
<b>ANKRD26</b> NM_001256053.1 (28)	<b>ANKRD26</b> NM_001256053.			<b>NKRD26</b> 1256053.1 (16)		<b>RD26</b> 56053.1 (15)
<b>ANKRD26</b> NM_001256053.1 (14)	<b>ANKRD26</b> NM_001256053.			N <b>KRD26</b> 1256053.1 (6)	<b>ANKR</b> NM_001256	
<b>FAS</b> NM_000043.4 (8)	<i>INPP4B</i> VM_001101669.1 (24	<i>INPP4B</i> ) NM_001101669.1	INPF 1 (23) NM_001101		<b>INPP4B</b>	
<i>INPP4B</i> NM_001101669.1 (11)	<i>INPP4B</i> NM_001101669.	<b>MED12</b> 1 (5) NM_005120.2			<b>MED12</b> 005120.2 (20)	<b>MED12</b> NM_005120.2 (28)
<b>MED12</b> NM_005120.2 (32)	<b>MED12</b> NM_005120.2 (33)	<b>MED12</b> NM_005120.2 (40)	<b>MED12</b> NM_005120.2 (42)	<b>MED</b> NM_00512		<b>MED12</b> M_005120.2 (45)
<b>PRKDC</b> NM_006904.6 (39)	<b>PRKDC</b> NM_006904.6 (23)	<b>PRKDC</b> NM_006904.6 (14)	<b>PRKDC</b> NM_006904.6 (9)	<b>PRKDC</b> NM_006904		<b>PRKDC</b> 006904.6 (3)
<b>PRKDC</b> NM_006904.6 (1)	<b>SETD2</b> NM_014159.6 (13)	<b>SETD2</b> NM_014159.6 (4)	<b>SETD2</b> NM_014159.6 (2)	<b>TFRC</b> NM_00112814	8.1 (7) NM_	<b>TFRC</b> _001128148.1 (2)

RGCC CAMBISeq <sup>™</sup>					Powered By VELSERA
patient	DOB	disease	ing cancer	MRN REPORT	DATE REPORT STATUS
J D	05/15/1953	Non-small cell lu		12	Final
<b>APC</b>	<b>APC</b>	<b>APC</b>	<b>APC</b>	<b>DNMT1</b>	<b>DNMT1</b>
NM_000038.5 (3)	NM_000038.5 (5)	NM_000038.5 (14)	NM_000038.5 (15)	NM_001379.2 (40)	NM_001379.2 (39)
<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>
NM_001379.2 (38)	NM_001379.2 (37)	NM_001379.2 (17)	NM_001379.2 (14	) NM_001379.2 (13)	NM_001379.2 (12)
<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>	<b>DNMT1</b>
NM_001379.2 (11)	NM_001379.2 (9)	NM_001379.2 (8)	NM_001379.2 (7)	NM_001379.2 (5)	NM_001379.2 (3)
<b>DNMT1</b>	<b>DNMT1</b>	<b>FAT1</b>	<i>INSR</i>	<b>MEF2B</b>	<b>PAK3</b>
NM_001379.2 (2)	NM_001379.2 (1)	NM_005245.3 (4)	NM_000208.2 (1)	NM_001145785.1 (9)	NM_001128166.1 (4)
<b>PAK3</b> NM_001128166.1 (5	<b>PAK3</b> ) NM_001128166.	<b>PAK3</b> 1 (6) NM_0011281			<b>PAK3</b> 128166.1 (9)
<b>PAK3</b>	<b>PAK3</b>		<b>K3</b>	<b>PAK3</b>	<b>PAK3</b>
NM_001128166.1 (1	0) NM_001128166		8166.1 (12) NM_0	D1128166.1 (13) NM	_001128166.1 (14)
<b>PAK3</b> NM_001128166.1 (1	<b>PAK3</b> 5) NM_001128166	<b>PRSS</b> 5.1 (16) NM_00277			<b>TGFBR1</b> 2 (11) NM_004612.2 (1)
<b>AR</b>	<b>AR</b>	<b>DNMT3A</b>	<b>FBXW7</b>	<b>IRF2</b>	<b>PTCH1</b>
NM_000044.3 (3)	NM_000044.3 (7)	NM_175629.2 (2)	NM_033632.3 (3)	NM_002199.3 (5)	M_000264.3 (1)
<b>SH2B3</b> NM_005475.2 (2)	<b>ARAF</b> NM_001256196.1 (2	<b>ARAF</b> ) NM_001256196.1	<b>ARAF</b> L (7) NM_0012561		<b>PAF</b> 6196.1 (12)
<b>CCNE1</b>	<b>CCNE1</b>	<b>PTEN</b>	<b>PTEN</b>	<b>PTEN</b>	<b>PTEN</b>
NM_001238.2 (2)	NM_001238.2 (7)	NM_000314.4 (2)	NM_000314.4 (3)	NM_000314.4 (4)	M_000314.4 (8)
<b>PTEN</b>	<b>SH2D1A</b>	<b>SH2D1A</b>	<b>SH2D1A</b>	<b>CD274</b>	<b>CD274</b>
NM_000314.4 (9)	NM_002351.4 (2)	NM_002351.4 (4)	NM_002351.4 (3)	NM_014143.3 (2)	M_014143.3 (7)
<b>DOT1L</b>	<b>DOT1L</b>	<b>H3F3A</b>	<b>H3F3A</b>	<b>PARK2</b>	<b>PTPN11</b>
NM_032482.2 (12)	NM_032482.2 (13)	NM_002107.4 (2)	NM_002107.4 (4)	NM_004562.2 (1)	NM_002834.3 (1)
<b>SHQ1</b>	<b>TMPRSS2</b>	<b>TMPRSS2</b>	<b>ARID1A</b>	<b>MITF</b>	<b>PTPRD</b>
NM_018130.2 (8)	NM_005656.3 (14)	NM_005656.3 (2)	NM_006015.4 (1)	NM_000248.3 (1)	NM_002839.3 (19)
<b>PTPRD</b>	<b>PTPRD</b>	<b>PTPRD</b>	<b>SLIT2</b>	<b>SLIT2</b>	<b>SLIT2</b>
NM_002839.3 (17)	NM_002839.3 (16)	NM_002839.3 (26)	NM_004787.1 (2)	NM_004787.1 (5)	NM_004787.1 (7)
<b>SLIT2</b>	<b>SLIT2</b>	<b>SLIT2</b>	<b>SLIT2</b>	<b>SLIT2</b>	<b>SLIT2</b>
NM_004787.1 (10)	NM_004787.1 (15)	NM_004787.1 (17)	NM_004787.1 (19	) NM_004787.1 (22)	NM_004787.1 (25)

RGCC CAMBISeq<sup>™</sup>

\_

Powered By  $VELSER\Lambda$ 

PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
J D	05/15/1953	Non-small cell lung cancer	12		Final

<b>ARID1B</b>	<b>EED</b>	<b>EED</b>	<b>EED</b>	<b>FGF19</b>	<b>JAK1</b>
NM_017519.2 (1)	NM_003797.3 (8)	NM_003797.3 (9)	NM_003797.3 (11)	NM_005117.2 (1)	NM_002227.2 (2)
<b>MLH1</b>	<b>PTPRS</b>	<b>PTPRS</b>	<b>PTPRS</b>	<b>PTPRS</b>	<b>ARID2</b>
NM_000249.3 (7)	NM_002850.3 (24)	NM_002850.3 (18)	NM_002850.3 (15)	NM_002850.3 (9)	NM_152641.2 (5)
<b>ARID2</b>	<b>ARID2</b>	<b>ARID2</b>	<b>ARID2</b>	<b>CD79A</b>	<b>FGF2</b>
NM_152641.2 (6)	NM_152641.2 (7)	NM_152641.2 (9)	NM_152641.2 (20)	NM_001783.3 (4)	NM_002006.4 (1)
<b>HGF</b>	<b>HGF</b>	<b>JAK2</b>	<b>JAK2</b>	<b>JAK2</b>	<b>JAK2</b>
NM_000601.4 (12)	NM_000601.4 (2)	NM_004972.3 (8)	NM_004972.3 (12)	NM_004972.3 (15)	NM_004972.3 (21)
<b>KMT2A</b>	<b>PAX5</b>	<b>PTPRT</b>	<b>PTPRT</b>	<b>PTPRT</b>	<b>PTPRT</b>
NM_005933.3 (1)	NM_016734.2 (1)	NM_133170.3 (16)	NM_133170.3 (13)	NM_133170.3 (1)	NM_133170.3 (14)
<b>TOP1</b>	<b>TOP1</b>	<b>TOP1</b>	<b>TOP1</b>	<b>ARID5B</b>	<b>EGFR</b>
NM_003286.2 (1)	NM_003286.2 (2)	NM_003286.2 (7)	NM_003286.2 (8)	NM_032199.2 (7)	NM_005228.3 (1)
<b>MLLT3</b>	<b>TOP2A</b>	<b>TOP2A</b>	<b>ASXL1</b>	<b>ASXL1</b>	<b>CDC73</b>
NM_004529.2 (3)	NM_001067.3 (32)	NM_001067.3 (13)	NM_015338.5 (1)	NM_015338.5 (3)	NM_024529.4 (5)
<b>CDC73</b>	<b>EIF1AX</b>	<b>EIF1AX</b>	<b>EIF1AX</b>	<b>EIF1AX</b>	<b>EIF1AX</b>
NM_024529.4 (17)	NM_001412.3 (7)	NM_001412.3 (6)	NM_001412.3 (5)	NM_001412.3 (4)	NM_001412.3 (3)
<b>EIF1AX</b>	<b>EIF1AX</b>	<b>FGF3</b>	<b>RAB35</b>	<b>SMAD4</b>	<b>SMAD4</b>
NM_001412.3 (2)	NM_001412.3 (1)	NM_005247.2 (1)	NM_006861.6 (1)	NM_005359.5 (4)	NM_005359.5 (8)
<b>ASXL2</b>	<b>CDH1</b>	<b>FGF4</b>	<b>KAT6A</b>	<b>MRE11A</b>	<b>MRE11A</b>
NM_018263.4 (2)	NM_004360.3 (1)	NM_002007.2 (1)	NM_006766.3 (10)	NM_005591.3 (20)	NM_005591.3 (17)
<b>MRE11A</b>	<b>MRE11A</b>	<b>MRE11A</b>	<b>PBRM1</b>	<b>PBRM1</b>	<b>RAC1</b>
NM_005591.3 (14)	NM_005591.3 (7)	NM_005591.3 (3)	NM_018313.4 (18)	NM_018313.4 (9)	NM_018890.3 (1)
<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>
NM_000051.3 (3)	NM_000051.3 (5)	NM_000051.3 (8)	NM_000051.3 (12)	NM_000051.3 (16)	NM_000051.3 (21)
<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>
NM_000051.3 (24)	NM_000051.3 (25)	NM_000051.3 (27	NM_000051.3 (28	3) NM_000051.3 (2	29) NM_000051.3 (32
<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>ATM</b>	<b>EIF4E</b>	<b>EIF4E</b>
NM_000051.3 (40)	NM_000051.3 (44)	NM_000051.3 (54	) NM_000051.3 (59	9) NM_001130678	.1 (7) NM_00113067
<b>EIF4E</b>	<b>FGF5</b>	<i>KDM5A</i>	<b>MSH2</b>		<b>MSH2</b>
NM_001130678.1 (4	NM_004464.3 (2)	) NM_001042603.	1 (22) NM_000251		.2 (8) NM_000251.2

GCC CAMBISeq <sup>™</sup>						Powered By $VE$
patient J D	DOB 05/15/1953	DISEASE Non-small cell lu	ng cancer	MRN 12	REPORT D	ATE REPORT Final
<b>MSH2</b>	<b>ATR</b>	<b>ATR</b>	<b>ATR</b>		<b>ATR</b>	<b>ATR</b>
NM_000251.2 (16)	NM_001184.3 (41)	NM_001184.3 (39)	NM_001184.3 (20		1184.3 (15)	NM_001184.3 (9)
<b>ATR</b>	<b>EML4</b>	<b>EML4</b>	<b>KDM5C</b>	<b>KDM</b>		<b>KDM5C</b>
NM_001184.3 (2)	NM_019063.3 (6)	NM_019063.3 (20)	NM_004187.3 (22)	NM_0041		NM_004187.3 (17)
<b>KDM5C</b>	<b>KDM5C</b>	<b>KDM5C</b>	<b>KDM5C</b>	<b>MS</b>		<b>MSH3</b>
NM_004187.3 (14)	NM_004187.3 (11)	NM_004187.3 (6)	NM_004187.3 (4)	NM_0024		NM_002439.4 (12)
<b>MSH3</b>	<b>MSH3</b>	<b>MSH3</b>	<b>PDCD1LG2</b>		<b>D50</b>	<b>RAD50</b>
NM_002439.4 (15)	NM_002439.4 (16)	NM_002439.4 (19)	NM_025239.3 (7)		732.3 (2)	NM_005732.3 (6)
<b>RAD50</b>	<b>RAD50</b>	<b>RAD50</b>	<b>RAD50</b>		<b>D50</b>	<b>RAD50</b>
NM_005732.3 (9)	NM_005732.3 (11)	NM_005732.3 (17)	NM_005732.3 (18)		732.3 (19)	NM_005732.3 (20)
<b>RAD50</b>	<b>RAD50</b>	<b>SMARCD1</b>	<b>ATRX</b>		<b>TRX</b>	<b>ATRX</b>
NM_005732.3 (21)	NM_005732.3 (22)	NM_003076.4 (1)	NM_000489.3 (35)		489.3 (34)	NM_000489.3 (33)
<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>		<b>ATRX</b>
NM_000489.3 (32)	NM_000489.3 (31)	NM_000489.3 (30)	NM_000489.3 (29	) NM_000489.3 (28)		NM_000489.3 (27)
<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>		<b>ATRX</b>	<b>ATRX</b>
NM_000489.3 (26)	NM_000489.3 (25)	NM_000489.3 (24)	NM_000489.3 (23		0489.3 (22)	NM_000489.3 (21)
<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>		<b>ATRX</b>	<b>ATRX</b>
NM_000489.3 (20)	NM_000489.3 (19)	NM_000489.3 (18)	NM_000489.3 (17		0489.3 (16)	NM_000489.3 (15)
<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>		<b>ATRX</b>	<b>ATRX</b>
NM_000489.3 (14)	NM_000489.3 (13)	NM_000489.3 (12)	NM_000489.3 (11		0489.3 (10)	NM_000489.3 (9)
<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>	<b>ATRX</b>		<b>ATRX</b>
NM_000489.3 (8)	NM_000489.3 (7)	NM_000489.3 (6)	NM_000489.3 (5)	NM_000489		1_000489.3 (3)
<b>ATRX</b>	<b>ATRX</b>	<b>CDK6</b>	<b>EP300</b>	<b>EP30</b>		<b>EP300</b>
NM_000489.3 (2)	NM_000489.3 (1)	NM_001259.6 (6)	NM_001429.3 (21)	NM_00142		NM_001429.3 (27)
<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6</b>		<b>KDM6A</b>
NM_021140.2 (1)	NM_021140.2 (2)	NM_021140.2 (3)	NM_021140.2 (4)	NM_021140		1_021140.2 (6)
<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM</b>		<b>KDM6A</b>
NM_021140.2 (7)	NM_021140.2 (8)	NM_021140.2 (9)	NM_021140.2 (10)	NM_02114		NM_021140.2 (12)
<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>	<b>KDM6A</b>		<b>DM6A</b>	<b>KDM6A</b>
NM_021140.2 (13)	NM_021140.2 (14)	NM_021140.2 (15)	NM_021140.2 (18		1140.2 (19)	NM_021140.2 (20)

RGCC CAMBISeq<sup>™</sup>

PATIENT DOB DISEASE MRN **REPORT DATE REPORT STATUS** 05/15/1953 Non-small cell lung cancer JD 12 Final KDM6A KDM6A KDM6A KDM6A KDM6A KDM6A NM\_021140.2 (26) NM\_021140.2 (21) NM\_021140.2 (22) NM\_021140.2 (23) NM\_021140.2 (24) NM\_021140.2 (25) KDM6A KDM6A KDM6A MSH6 MSH6 MSH6 NM\_021140.2 (27) NM\_021140.2 (28) NM\_021140.2 (29) NM\_000179.2 (7) NM\_000179.2 (8) NM\_000179.2(1) MSH6 SMC1A SMC1A SMC1A SMC1A TSC1 NM\_006306.3 (23) NM\_006306.3 (20) NM\_006306.3 (16) NM\_006306.3 (8) NM\_000368.4 (16) NM\_000179.2 (10) AURKA AURKA CDK8 CDK8 CDK8 **EPCAM** NM\_198435.1 (4) NM\_198435.1 (2) NM\_001260.1 (2) NM\_001260.1 (8) NM\_001260.1 (9) NM\_002354.2(1) **EPCAM EPCAM** MST1 MST1 RAD51B SMC3 NM\_002354.2 (6) NM\_002354.2 (9) NM\_020998.3 (14) NM\_020998.3 (7) NM\_133509.3 (11) NM\_005445.3 (3) SMC3 SMC3 SMC3 SMC3 SMC3 EPHA3 NM\_005445.3 (5) NM\_005445.3 (14) NM\_005445.3 (23) NM\_005445.3 (27) NM\_005445.3 (28) NM\_005233.5 (12) KEAP1 KEAP1 PDK1 PDK1 **SMO TSHR** NM\_001278549.1 (1) NM\_001278549.1 (7) NM\_203500.1 (5) NM\_203500.1 (4) NM\_005631.4 (1) NM\_000369.2 (2) **TSHR TSHR** EPHA5 PDPK1 PDPK1 PDPK1 NM\_000369.2 (5) NM\_000369.2 (8) NM\_004439.5 (12) NM\_002613.4 (1) NM\_002613.4 (2) NM\_002613.4 (7) **SNCAIP SNCAIP** EPHA7 EPHA7 EPHA7 KIF5B NM\_005460.2 (2) NM\_005460.2 (11) NM\_004440.3 (12) NM\_004440.3 (9) NM\_004440.3 (2) NM\_004521.2 (20) KIF5B KIF5B KIF5B KIF5B KIF5B KIF5B NM\_004521.2 (11) NM\_004521.2 (8) NM\_004521.2 (6) NM\_004521.2 (5) NM\_004521.2 (4) NM\_004521.2 (3) PGR SOCS1 FGFR3 PHF6 PHF6 PHF6 NM\_000926.4 (5) NM\_003745.1 (2) NM\_001163213.1 (2) NM\_001015877.1 (2) NM\_001015877.1 (3) NM\_001015877.1 (4) PHF6 PHF6 PHF6 PHF6 PHF6 NM\_001015877.1 (6) NM\_001015877.1 (5) NM\_001015877.1 (8) NM\_001015877.1 (9) NM\_001015877.1 (10) SOX17 CEBPA RANBP2 B2M RAF1 **MYCL** NM\_004048.2 (3) NM\_002880.3 (13) NM\_022454.3 (2) NM\_004364.3 (1) NM\_001033082.2 (1) NM\_006267.4 (1) RANBP2 RANBP2 RANBP2 RANBP2 RANBP2 RANBP2 NM\_006267.4 (2) NM\_006267.4 (3) NM\_006267.4 (4) NM\_006267.4 (5) NM\_006267.4 (6) NM\_006267.4 (9) RANBP2 RANBP2 RANBP2 RANBP2 RANBP2 RANBP2 NM\_006267.4 (10) NM\_006267.4 (11) NM\_006267.4 (12) NM\_006267.4 (14) NM\_006267.4 (15) NM\_006267.4 (16)

RGCC CAMBISeq<sup>™</sup>

Powered By VELSERA

RGCC CAMBISeq <sup>™</sup>					Powered By VELSER
patient J D	DOB 05/15/1953	DISEASE Non-small cell lu		MRN REPORT 12	DATE REPORT STATUS Final
<b>RANBP2</b>	<b>RANBP2</b>	<b>RANBP2</b>	<b>RANBP2</b>	<b>WISP3</b>	<b>BARD1</b>
NM_006267.4 (18)	NM_006267.4 (19)	NM_006267.4 (22)	NM_006267.4 (23)	NM_198239.1 (4)	NM_000465.2 (5)
<b>BARD1</b>	<b>BARD1</b>	<b>CENPA</b>	<b><i>KMT2B</i></b> NM_014727.1 (1) N	<b>KMT2B</b>	<b>MYCN</b>
NM_000465.2 (2)	NM_000465.2 (1)	NM_001809.3 (1)		IM_014727.1 (16)	NM_005378.4 (2)
<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>
NM_004570.4 (4)	NM_004570.4 (5)	NM_004570.4 (7)	NM_004570.4 (8)	IM_004570.4 (9)	M_004570.4 (10)
<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>PIK3C2G</b>	<b>WT1</b>	<b>WT1</b>
NM_004570.4 (19)	NM_004570.4 (20)	NM_004570.4 (28)	NM_004570.4 (29)	NM_024426.4 (3)	NM_024426.4 (1)
<b>BBC3</b>	<b>BBC3</b>	<b>CHD2</b>	<b>CHD2</b>	<b>CHD2</b>	<b>CHD2</b>
NM_014417.4 (3)	NM_014417.4 (2)	NM_001271.3 (11)	NM_001271.3 (15)	NM_001271.3 (27)	NM_001271.3 (36)
<b>KMT2C</b>	<b><i>KMT2C</i></b>	<b>KMT2C</b>	<b>KMT2C</b>	<b>KMT2C</b>	<i>KMT2C</i>
NM_170606.2 (30)	NM_170606.2 (28)	NM_170606.2 (24)	NM_170606.2 (23)	NM_170606.2 (22)	NM_170606.2 (21)
<b>KMT2C</b>	<b><i>KMT2C</i></b>	<b>PIK3C3</b>	<b><i>PIK3C3</i></b>	<b>PIK3C3</b>	<b><i>PIK3C3</i></b>
NM_170606.2 (20)	NM_170606.2 (17)	NM_002647.2 (5)	NM_002647.2 (6)	NM_002647.2 (7)	NM_002647.2 (9)
<b>PIK3C3</b>	<b>PIK3C3</b>	<b>PIK3C3</b>	<b>PIK3C3</b>	<b>PIK3C3</b>	<b>RASA1</b>
NM_002647.2 (11)	NM_002647.2 (13)	NM_002647.2 (18)	NM_002647.2 (23)	NM_002647.2 (25)	NM_002890.2 (4)
<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>
NM_002890.2 (5)	NM_002890.2 (6)	NM_002890.2 (7)	NM_002890.2 (9)	IM_002890.2 (10)	VM_002890.2 (12)
<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>	<b>RASA1</b>	<b>XIAP</b>	<b>XIAP</b>
NM_002890.2 (14)	NM_002890.2 (15)	NM_002890.2 (19)	NM_002890.2 (21)	NM_001204401.1	(3) NM_001204401.1 (4)
<i>XIAP</i> NM_001204401.1 (5	<b>XIAP</b> NM_001204401.	<i>XIAP</i> 1 (6) NM_0012044			
<b>KMT2D</b>	<b>PIK3CA</b>	<b>PIK3CA</b>	<b>PIK3CA</b>	<b><i>PIK3CA</i></b>	<b>RB1</b>
NM_003482.3 (42)	NM_006218.2 (12)	NM_006218.2 (13)	NM_006218.2 (14)	NM_006218.2 (20)	NM_000321.2 (1)
<b>RB1</b>	<b>RB1</b>	<b>RB1</b>	<b>RB1</b>	<b>RB1</b>	<b>RB1</b>
NM_000321.2 (4)	NM_000321.2 (5)	NM_000321.2 (6)	NM_000321.2 (9)	VM_000321.2 (10)	VM_000321.2 (12)
<b>RB1</b>	<b>RB1</b>	<b>RB1</b>	<b>RB1</b>	<b>XPO1</b>	<b>XPO1</b>
NM_000321.2 (15)	NM_000321.2 (21)	NM_000321.2 (22)	NM_000321.2 (24)	NM_003400.3 (13)	NM_003400.3 (11)
<b>XPO1</b>	<b>XPO1</b>	<b>XPO1</b>	<b>CHEK1</b>	<b>CHEK1</b>	<b>CHEK1</b>
NM_003400.3 (8)	NM_003400.3 (6)	NM_003400.3 (4)	NM_001114121.2 (3)	NM_001114121.2 (5	5) NM_001114121.2 (12)

Powered By VELSERA

RGCC CAMBISeq <sup>™</sup>					Powered By V	ELSERA
patient J D	DOB 05/15/1953	DISEASE Non-small cell l	ung cancer	MRN REPO	DRT DATE REPOR Final	RT STATUS
<b>ERCC3</b>	<b>FLT3</b>	<b>HLA-A</b>	<b>KRAS</b>	<b>PIK3CB</b>	<b>PIK3CB</b>	
NM_000122.1 (1)	NM_004119.2 (1)	NM_002116.7 (4)	NM_033360.2 (5)	NM_006219.2 (16)	NM_006219.2 (6)	
<b>RBM10</b> NM_001204467.1 (6	<b><i>RBM10</i></b> 5) NM_001204467	<b>RBM</b> .1 (9) NM_001204		<b>RBM10</b> 1204467.1 (12) NN	<b>RBM10</b> 4_001204467.1 (18)	
<b>RBM10</b> NM_001204467.1 (4	<b>SPTA1</b> (4) NM_003126.2 (4)	<b>SPTA1</b> 19) NM_003126.2	<b>SPTA1</b> (47) NM_003126.2	<b>CHEK</b> 2 (1) NM_00100573		
<b>CHEK2</b> NM_001005735.1 (9	<b>CHEK2</b> NM_001005735	CHEP .1 (8) NM_001005			<b>.T4 <i>FLT4</i> 925.4 (20) NM_18292</b>	
<b>LAMP1</b>	<b>NBN</b>	<b>NBN</b>	<b>PIK3CD</b>	<b>RECQL4</b>	<b>RECQL4</b>	
NM_005561.3 (1)	NM_002485.4 (16)	NM_002485.4 (6)	NM_005026.3 (16)	NM_004260.3 (3)	NM_004260.3 (2)	
<b>RECQL4</b>	<b>SRC</b>	<b>CIC</b>	<b>CIC</b>	<b>NCOA3</b>	<b>NCOA3</b>	L (23)
NM_004260.3 (1)	NM_005417.4 (4)	NM_015125.3 (1)	NM_015125.3 (20)	NM_001174087.1 (	(16) NM_001174087.1	
<b>REL</b>	<b>REL</b>	<b>REL</b>	<b>REL</b>	<b>YES1</b>	<b>YES1</b>	
NM_002908.2 (1)	NM_002908.2 (4)	NM_002908.2 (6)	NM_002908.2 (8)	NM_005433.3 (8)	NM_005433.3 (5)	
<b>YES1</b>	<b>CREBBP</b>	<b>CREBBP</b>	<b>ERG</b>	<b>ERG</b>	<b>ERG</b>	
NM_005433.3 (3)	NM_004380.2 (21)	NM_004380.2 (11)	NM_182918.3 (9)	NM_182918.3 (8)	NM_182918.3 (1)	
<b>FOXL2</b>	<b>NCOR1</b>	<b>NCOR1</b>	<b>NCOR1</b>	<b>NCOR1</b>	<b>PIK3R1</b>	
NM_023067.3 (1)	NM_006311.3 (15)	NM_006311.3 (9)	NM_006311.3 (8)	NM_006311.3 (7)	NM_181523.2 (10)	
<b>PIK3R1</b>	<b>PIK3R1</b>	<b>RET</b>	<b>STAG1</b>	<b>STAG1</b>	<b>STAG1</b>	
NM_181523.2 (11)	NM_181523.2 (7)	NM_020975.4 (1)	NM_005862.2 (34)	NM_005862.2 (20	)) NM_005862.2 (12)	
<b>STAG1</b>	<b>STAG1</b>	<b>STAG1</b>	<b>FOXO1</b>	HNRNPK	<b>HNRNPK</b>	
NM_005862.2 (9)	NM_005862.2 (6)	NM_005862.2 (2)	NM_002015.3 (1)	NM_002140.3 (17)	NM_002140.3 (14)	
<b>HNRNPK</b>	<b>LMO1</b>	<b>PIK3R2</b>	<b>PIK3R2</b>	<b>PIK3R2</b>	<b>RFWD2</b>	
NM_002140.3 (7)	NM_002315.2 (1)	NM_005027.3 (2)	NM_005027.3 (4)	NM_005027.3 (6)	NM_022457.5 (20)	
<b>RFWD2</b> NM_022457.5 (6)	<b>RFWD2</b> NM_022457.5 (1)	<b>STAG2</b> NM_001042749.1 (3	<b>STAG2</b> 3) NM_001042749	<b>STAG</b> .1 (4) NM_001042		
<b>STAG2</b> NM_001042749.1 (7	<b>STAG2</b> 7) NM_001042749	<b>STAG</b> .1 (8) NM_001042		<b>TAG2</b> 042749.1 (10) NM	<b>STAG2</b> _001042749.1 (11)	
<b>STAG2</b> NM_001042749.1 (1	<b>STAG2</b> 12) NM_00104274		<b>TAG2</b> 42749.1 (14) NM_	<b>STAG2</b> 001042749.1 (15)	<b>STAG2</b> NM_001042749.1 (16)	

Powered By  $VELSER\Lambda$ 

## RGCC CAMBISeq<sup>™</sup>

-

PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
JD	05/15/1953	Non-small cell lung cancer	12		Final

<b>STAG2</b> NM_001042749.1 (17)	<b>STAG2</b> NM_001042749.1		<b>STAG2</b> NM_001042749.1 (19)		<b>STAG2</b> NM_001042749.1 (20)		<b>STAG2</b> 1042749.1 (21)	
<b>STAG2</b> NM_001042749.1 (22)	<b>STAG2</b> NM_001042749.1		<b>STAG2</b> 001042749.1 (24)		<b>STAG2</b> NM_001042749.1 (25)		<b>STAG2</b> 1042749.1 (26)	
<b>STAG2</b> NM_001042749.1 (27)	<b>STAG2</b> NM_001042749.1		<b>4G2</b> 2749.1 (29)		<b>AG2</b> 2749.1 (30)		<b>STAG2</b> 1042749.1 (31)	
<b>STAG2</b> NM_001042749.1 (32)	<b>STAG2</b> NM_001042749.1		<b>4<i>G2</i></b> 2749.1 (34)	(34) NM_001042749		NM_00	<b>BCOR</b> 1123385.1 (14)	
<b>BCOR</b> NM_001123385.1 (13)	<b>BCOR</b> NM_001123385.1		<b>BCOR</b> NM_001123385.1 (6)		<b>BCOR</b> NM_001123385.1 (5)		<b>COR</b> 23385.1 (3)	
<b>BCOR</b> NM_001123385.1 (2)	<b>FOXP1</b> NM_032682.5 (16)	<b>LRP1B</b> NM_018557.2 (9		LRP1B LRP 18557.2 (88) NM_0185			<b>LRP1B</b> NM_018557.2 (7	
<i>LRP1B</i> NM_018557.2 (76)	<i>LRP1B</i> NM_018557.2 (75)	<b>LRP1B</b> NM_018557.2 (70)		<b>LRP1B</b> NM_018557.2 (58)		<b>3</b> .2 (24)	<b>LRP1B</b> NM_018557.2 (17)	
<i>LRP1B</i> NM_018557.2 (16)	<i>LRP1B</i> NM_018557.2 (15)	LRP1B LRP. NM_018557.2 (14) NM_01855					<i>LRP1B</i> (12) NM_018557.2 (11)	
<i>LRP1B</i> NM_018557.2 (10)	<b>LRP1B</b> NM_018557.2 (9)	<b>LRP1B</b> NM_018557.2 (8)	<b>LRP1</b> NM_01855			5) NM_	<i>LRP1B</i> 018557.2 (5)	
<b>LRP1B</b> NM_018557.2 (4)			<b>NF1</b> 1_001042492.2 (2) NM_(		<b>NF1</b> _001042492.2 (3) NM_0		<b>NF1</b> 01042492.2 (5)	
<b>NF1</b> NM_001042492.2 (7)	<b>NF1</b> NM_001042492.2 (:		<b>NF1</b> NM_001042492.2 (13)		<b>NF1</b> NM_001042492.2 (15)		<b>NF1</b> 042492.2 (16)	
<b>NF1</b> NM_001042492.2 (20)	<b>NF1</b> NM_001042492.2		<b>F1</b> 2492.2 (23)	<b>NF1</b> NM_001042492.2 (24)		NM_00	<b>NF1</b> 1042492.2 (36)	
<b>NF1</b> NM_001042492.2 (31)	<b>PIK3R3</b> NM_001114172.1	(6) NM_005614	.3 (6) NM	<b>RHEB</b> _005614.3 (5)		<b>)RL1</b> 946.4 (7)	<b>NF2</b> NM_000268.3 (1	
<b>STAT4</b> NM_001243835.1 (24)	<b>STAT4</b> NM_001243835.1		<b>4<i>T4</i></b> 3835.1 (14)		<b>AT4</b> 3835.1 (12)	NM_00	<b>STAT4</b> 1243835.1 (11)	
<b>ZNF217</b> NM_006526.2 (4)	<b>ZNF217</b> M_006526.2 (2)	<b>BCR</b> M_004327.3 (7)	<b>BCR</b> NM_004327	BCR BCR _004327.3 (18) NM_004327.3		<b>CSF3R</b> (20) NM_156039.3 (7)		

GCC CAMBISeq <sup>™</sup>					Powered By VE
patient J D	DOB 05/15/1953	DISEASE Non-small cell lu	ung cancer	MRN REPO	RT DATE REPORT Final
<b>FUBP1</b>	<b>FUBP1</b>	<b>FUBP1</b>	<b>FUBP1</b>	<b>FUBP1</b>	<b>FUBP1</b>
NM_003902.3 (20)	NM_003902.3 (7)	NM_003902.3 (5)	NM_003902.3 (4)	NM_003902.3 (3)	NM_003902.3 (2)
<b>LZTR1</b>	<b>NFE2L2</b>	<b>RICTOR</b>	<b>RICTOR</b>	<b>RICTOR</b>	<b>STAT5A</b>
NM_006767.3 (14)	NM_006164.4 (1)	NM_152756.3 (11)	NM_152756.3 (9)	NM_152756.3 (2)	NM_003152.3 (8)
<b>STAT5A</b>	<b>BIRC3</b>	<b>BIRC3</b>	<b>CSNK1A1</b>	<b>MAGI2</b>	<b>MAGI2</b>
NM_003152.3 (9)	NM_001165.4 (5)	NM_001165.4 (8)	NM_001025105.2 (8	) NM_012301.3 (22	2) NM_012301.3 (21)
<b>MAGI2</b>	<b>MAGI2</b>	<b>MAGI2</b>	<b>MAGI2</b>	<b>MAGI2</b>	<b>MAGI2</b>
NM_012301.3 (20)	NM_012301.3 (18)	NM_012301.3 (14)	) NM_012301.3 (1	3) NM_012301.3 (2	11) NM_012301.3 (7)
<b>MAGI2</b>	<b>MAGI2</b>	<b>MAGI2</b>	<b>STAT5B</b>	<b>STAT5B</b>	<b>STAT5B</b>
NM_012301.3 (6)	NM_012301.3 (5)	NM_012301.3 (4)	NM_012448.3 (8)	NM_012448.3 (7)	NM_012448.3 (6)
<b>ZRSR2</b>	<b>ZRSR2</b>	<b>ZRSR2</b>	<b>ZRSR2</b>	<b>ZRSR2</b>	<b>ZRSR2</b>
NM_005089.3 (1)	NM_005089.3 (2)	NM_005089.3 (3)	NM_005089.3 (4)	NM_005089.3 (5)	NM_005089.3 (6)
<b>ZRSR2</b>	<b>ZRSR2</b>	<b>ZRSR2</b>	<b>BLM</b>	<b>BLM</b>	<b>BLM</b>
NM_005089.3 (7)	NM_005089.3 (9)	NM_005089.3 (11)	NM_000057.2 (4)	NM_000057.2 (6)	NM_000057.2 (10)
<b>BLM</b>	<b>BLM</b>	<b>BLM</b>	<b>GABRA6</b>	<i>ICOSLG</i>	<b>MALT1</b>
NM_000057.2 (13)	NM_000057.2 (16)	NM_000057.2 (17)	) NM_000811.2 (6	) NM_015259.4 (1)	NM_006785.3 (1)
<b>MALT1</b>	<b>MALT1</b>	<b>MALT1</b>	<b>MALT1</b>	<b>MALT1</b>	<b>MALT1</b>
NM_006785.3 (7)	NM_006785.3 (8)	NM_006785.3 (9)	NM_006785.3 (11)	NM_006785.3 (13)	NM_006785.3 (15)
<b>NKX2-1</b>	<b>PMAIP1</b>	<b>STK11</b>	<b>STK11</b>	<b>STK11</b>	<b>BMPR1A</b>
NM_001079668.2 (3	B) NM_021127.2 (1	) NM_000455.4 (3)	) NM_000455.4 (5	) NM_000455.4 (7)	NM_004329.2 (7)
<b>BMPR1A</b>	<b>BMPR1A</b>	<b>BMPR1A</b>	<b>GATA1</b>	<b>GATA1</b>	<b>NKX3-1</b>
NM_004329.2 (9)	NM_004329.2 (10)	NM_004329.2 (11)	NM_002049.3 (2)	NM_002049.3 (6)	NM_006167.3 (1)
<b>PMS1</b>	<b>PMS1</b>	<b>PMS1</b>	<b>PMS1</b>	<b>PMS1</b>	<b>ROS1</b>
NM_000534.4 (5)	NM_000534.4 (8)	NM_000534.4 (9)	NM_000534.4 (11)	NM_000534.4 (12)	NM_002944.2 (34)
<b>ROS1</b>	<b>ROS1</b>	<b>ROS1</b>	<b>BRAF</b>	<i>IDH1</i>	<b>NOTCH1</b>
NM_002944.2 (28)	NM_002944.2 (22)	NM_002944.2 (3)	NM_004333.4 (1)	NM_005896.2 (10)	NM_017617.3 (1)
<b>PMS2</b>	<b>PMS2</b>	<b>RPS6KA4</b>	<b>RPS6KA4</b>	<b>SUFU</b> ) NM_016169.3 (1)	<b>BRCA1</b>
NM_000535.5 (13)	NM_000535.5 (3)	NM_003942.2 (16)	NM_003942.2 (17		NM_007300.3 (19)
<b>BRCA1</b>	<b>BRCA1</b>	<b>BRCA1</b>	<b>IDH2</b>	<b>MAP2K4</b>	<i>MAP2K4</i>
NM_007300.3 (8)	NM_007300.3 (4)	NM_007300.3 (3)	NM_002168.2 (1)	NM_001281435.1 (1)	NM_001281435.1 (2)

R	GCC CAMBISeq <sup>™</sup>	1							Powe	ered By	/ELSERA	
	patient J D	DOB 05/15/1953	DISEASE Non-small ce		small cell lung cancer		MRN REPO 12		ORT DATE	REP <b>Fin</b>	ORT STATUS al	
	<b>MAP2K4</b> NM_001281435.1 (	<b>MAP2K4</b> 6) NM_001281435	.1 (7)	MAP. NM_001281			<b>56KB1</b> 3161.3 (6)		<b>RPS6KB1</b> NM_003161.3 (13)		<b>SUZ12</b> _015355.2 (2)	
	<b>SUZ12</b> NM_015355.2 (4)	<b>SUZ12</b> NM_015355.2 (5)		<b>SUZ12</b> 015355.2 (6)	<b>SUZ1</b> NM_01535		<b>SUZ</b> NM_01533		<b>SUZ</b> . NM_01535			
	<b>BRCA2</b> NM_000059.3 (5)	<b>BRCA2</b> NM_000059.3 (8)		<b>BRCA2</b> 000059.3 (12)	<b>CU</b> NM_0035		<b>GA</b> NM_002		<b>IFNGI</b> NM_00041			
	<b>IFNGR1</b> NM_000416.2 (5)	<i>IFNGR1</i> NM_000416.2 (3)		<b>IAP3K1</b> 005921.1 (1)	<b>MAP3</b> NM_00592		<b>MAP3</b> NM_00593		<b>NOTCI</b> NM_000435			
	<b>NOTCH3</b> NM_000435.2 (1)	<b>RPS6KB2</b> NM_003952.2 (1)										

#### METHODOLOGY

Sample Assessment: A tissue block, stained cytology slide, or blood sample was used to assess adequacy and then the technical component of the testing passed all established laboratory QC metrics.

Assay Methods: This test uses the TruSight<sup>™</sup> Oncology 500 (TSO500) targeted hybrid-capture based next generation sequencing assay that utilizes UMIs to enable detection of variants present in tumor samples at low VAFs with a high degree of sensitivity and specificity. TSO500 is designed to detect multiple classes of mutations including single-nucleotide variants (SNVs), multi-nucleotide variants (<3bp), small Insertions (1-18bp) /Deletions (1-27bp), and is also capable of assessing both microsatellite instability (MSI) and tumor mutational burden (TMB). In parallel, fusions and splice variants can also be detected in certain targeted genes from the same sample, using extracted RNA and an integrated TruSight Tumor 170 RNA workflow. DNA and RNA extracted from the appropriate sample and were prepared into sheared DNA and cDNA. The regions of interest for DNA and RNA were hybridized to biotinylated probes using the TruSight Oncology 500 (Illumina, Inc) and Trusight Tumor 170 (Illumina, Inc) library prep kits, respectively. The probes with the hybridized DNA and cDNA were magnetically pulled down with streptavidin-coated beads and eluted to enrich the library pool. Libraries were normalized, then pooled and sequenced on an Illumina NextSeq 500 instrument.

Secondary Analysis Methods: DNA and RNA Data were analyzed using the Illumina TSO500 Local App Software v1.3.1 and TST170 Local App Software v1.0.1, respectively, and a customized analysis pipeline within the Clinical Genomics Workspace software platform from PierianDx. Variant Calling: Variants are reported according to HGVS nomenclature (www.hgvs.org/mutnomen) and classified as per the AMP classification system into tiers IA, IB, IIC, IID, III and IV. These tiers are stratified by clinical utility and previously reported data in the medical literature. Variations found in gnomAD (https://gnomad.broadinstitute.org/) that have ≥1% minor allele frequency (except those that are also in Clinvar denoted as clinically relevant, used in a clinical diagnostic assay, or reported as a mutation in a publication) are classified as known polymorphisms.

TMB and MSI: Both TMB and MSI were comprehensively validated by Illumina Inc.

Gene Fusions and Splice Variants: Illumina's TST170 secondary analysis pipeline reports high confidence fusions and splice variants. Several reference standards and clinical samples containing known fusions and splice variants were evaluated using the TruSight Tumor 170 assay and secondary analysis software. 100% concordance of expected fusion and splice variants was observed.

#### DISCLAIMER

This Report was generated using the materials and methods described above, which required the use of various reagents, protocols, instruments, software, databases, and other items.

The Report has been created based on, or incorporates references to, various scientific manuscripts, references, and other sources of information, including without limitation manuscripts, references, and other sources of information that were prepared by third parties that describe correlations between certain genetic mutations and particular diseases (and/or certain therapeutics that may be useful in ameliorating the effects of such diseases). Such information and correlations are subject to change over time in response to future scientific and medical findings. PierianDx makes no representation or warranty of any kind, expressed or implied, regarding the accuracy of the information provided by or contained in such manuscripts, references, and other sources of information. If any of the information provided by

RGCC CAMBIS	eq™			Powe	
PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
JD	05/15/1953	Non-small cell lung cancer	12		Final

or contained in such manuscripts, references, and other sources is later determined to be inaccurate, the accuracy and quality of the Report may be adversely impacted. PierianDx is not obligated to notify you of any impact that future scientific or medical research findings may have on the Report.

The Report must always be interpreted and considered within the clinical context, and a physician should always consider the Report along with all other pertinent information and data that a physician would prudently consider prior to providing a diagnosis to a patient or developing and implementing a plan of care for a patient. The manifestation of many diseases are caused by more than one gene variant, a single gene variant may be relevant to more than one disease, and certain relevant gene variants may not have been considered in the Report. In addition, many diseases are caused or influenced by modifier genes, epigenetic factors, environmental factors, and other variables that are not addressed by the Report (or that are otherwise unknown). This Report is based on a next generation sequencing assay which does not distinguish between somatic and germline variants. If a germline variant is in question, further testing may be recommended. As such, the relevance of the Report should be interpreted in the context of a patient's clinical manifestations. The Report provided by PierianDx is provided on an "AS IS" basis. PierianDx makes no representation or warranty of any kind, expressed or implied, regarding the Report. In no event shall PierianDx be liable for any actual damages, indirect damages, and/or special or consequential damages arising out of or in any way connected with the Report, your use of the Report, your reliance on the Report, or any defect or inaccurate information included within the Report. Medical knowledge annotation is constantly updated and reflects the current knowledge at the time.

The test performance characteristics were determined by the Molecular Diagnostic Laboratory at Pi. The test performance characteristics were determined by the PierianDx Molecular Laboratory. The Report was generated by the PierianDx Molecular Laboratory as required by the CLIA 1988 regulations. The Report, and the tests used to generate the Report, have not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. The test results have been shown to be clinically useful. This laboratory is CLIA certified to perform high complexity testing.

#### **PATIENT AND ORDER DETAILS**

PATIENT SAMPLE ID DATE OF BIRTH 05/15/1953 SEX ETHNICITY

RACE

PHYSICIAN ORDERING PHYSICIAN Dr Dr FACILITY Research Genetic Cancer Centre International GmbH (RGCC)

SPECIMEN TYPE	
Formalin-fixed paraffin- embedded tissue specimen	
EXT. SPECIMEN ID	
DATE COLLECTED	
11/08/2022	
DATE RECEIVED	
04/07/2024	
% TUMOR IN SELECTED AREA	

SPECIMEN

CASE REVIEW STATUS Final DATE ACCESSIONED 04/08/2024 10:50 DATE REPORTED ACCESSION NUMBER RGCC\_Panel\_Updat e\_UR