RGCC CAMBISeq[™]

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



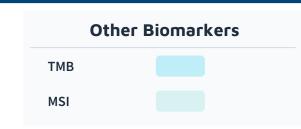
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PATIENT	DOB	DISEASE	MRN	REPORT DATE	REPORT STATUS
J D	05/15/1953	Non-small cell lung cancer	12		Final

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

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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

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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

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patient J D	DOB 05/15/1953	DISEASE Non-small cell lung cancer	MRN 12	REPORT DATE	REPORT STATUS Final		
/ARIANT	CLINICAL IMP	ACT					
DEPTH 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 having drug response '; '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	 Essential thrombocythemia, Medulloblastoma, Myelosclerosis with myeloid metaplasia, Myeloproliferative disorder, or Myeloproliferative neoplasm
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).

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patient J D	DOB 05/15/1953	DISEASE Non-small cell lung cancer	MRN 12	REPORT DATE	REPORT STATUS Final
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
0.0% 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	BRAF 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	PDGFRA 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	BRAF p.V600E c.1799T>A

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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	PDGFRA p.G79D c.236G>A
					TP53 p.V274F c.820G>T
					TP53 p.P72R c.215C>G
A Pilot Study of P Small Cell Lung C		Selected Patients With Advanced Non-	NCT02193152	2	TP53 p.V274F c.820G>T
					TP53 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)

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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		
					 – NHLBI ESP: v.0.0.30 – COSMIC: v98 	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:

Gene Transcript ID (Exon/Intron('))					
BRD4	FAM175A	FAM175A	FAM175A	GATA6	GATA6
NM_058243.2 (14)	NM_139076.2 (7)	NM_139076.2 (4)	NM_139076.2 (3)	NM_005257.4 (2)	NM_005257.4 (3)
IGF1	POLE	TAF1	TAF1	TAF1	TAF1
NM_000618.3 (1)	NM_006231.2 (1)	NM_138923.2 (1)	NM_138923.2 (2)	NM_138923.2 (4)	NM_138923.2 (7)
TAF1	TAF1	TAF1	TAF1	TAF1) NM_138923.2 (1	TAF1
NM_138923.2 (9)	NM_138923.2 (10)	NM_138923.2 (11)	NM_138923.2 (12)		3) NM_138923.2 (14)
TAF1	TAF1	TAF1	TAF1	TAF1	TAF1
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)
TAF1	TAF1	TAF1	TAF1	TAF1	TAF1
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)

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Final

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RGCC CAMBISeq [™]	
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DOB

05/15/1953

DISEASE

Non-small cell lung cancer

PATIENT

JD

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

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

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

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

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

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

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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)

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

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

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

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

GCC CAMBISeq [™]					Powered By VE
patient J D	DOB 05/15/1953	DISEASE Non-small cell lu	ung cancer	MRN REPO	RT DATE REPORT Final
FUBP1	FUBP1	FUBP1	FUBP1	FUBP1	FUBP1
NM_003902.3 (20)	NM_003902.3 (7)	NM_003902.3 (5)	NM_003902.3 (4)	NM_003902.3 (3)	NM_003902.3 (2)
LZTR1	NFE2L2	RICTOR	RICTOR	RICTOR	STAT5A
NM_006767.3 (14)	NM_006164.4 (1)	NM_152756.3 (11)	NM_152756.3 (9)	NM_152756.3 (2)	NM_003152.3 (8)
STAT5A	BIRC3	BIRC3	CSNK1A1	MAGI2	MAGI2
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)
MAGI2	MAGI2	MAGI2	MAGI2	MAGI2	MAGI2
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)
MAGI2	MAGI2	MAGI2	STAT5B	STAT5B	STAT5B
NM_012301.3 (6)	NM_012301.3 (5)	NM_012301.3 (4)	NM_012448.3 (8)	NM_012448.3 (7)	NM_012448.3 (6)
ZRSR2	ZRSR2	ZRSR2	ZRSR2	ZRSR2	ZRSR2
NM_005089.3 (1)	NM_005089.3 (2)	NM_005089.3 (3)	NM_005089.3 (4)	NM_005089.3 (5)	NM_005089.3 (6)
ZRSR2	ZRSR2	ZRSR2	BLM	BLM	BLM
NM_005089.3 (7)	NM_005089.3 (9)	NM_005089.3 (11)	NM_000057.2 (4)	NM_000057.2 (6)	NM_000057.2 (10)
BLM	BLM	BLM	GABRA6	<i>ICOSLG</i>	MALT1
NM_000057.2 (13)	NM_000057.2 (16)	NM_000057.2 (17)) NM_000811.2 (6) NM_015259.4 (1)	NM_006785.3 (1)
MALT1	MALT1	MALT1	MALT1	MALT1	MALT1
NM_006785.3 (7)	NM_006785.3 (8)	NM_006785.3 (9)	NM_006785.3 (11)	NM_006785.3 (13)	NM_006785.3 (15)
NKX2-1	PMAIP1	STK11	STK11	STK11	BMPR1A
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)
BMPR1A	BMPR1A	BMPR1A	GATA1	GATA1	NKX3-1
NM_004329.2 (9)	NM_004329.2 (10)	NM_004329.2 (11)	NM_002049.3 (2)	NM_002049.3 (6)	NM_006167.3 (1)
PMS1	PMS1	PMS1	PMS1	PMS1	ROS1
NM_000534.4 (5)	NM_000534.4 (8)	NM_000534.4 (9)	NM_000534.4 (11)	NM_000534.4 (12)	NM_002944.2 (34)
ROS1	ROS1	ROS1	BRAF	<i>IDH1</i>	NOTCH1
NM_002944.2 (28)	NM_002944.2 (22)	NM_002944.2 (3)	NM_004333.4 (1)	NM_005896.2 (10)	NM_017617.3 (1)
PMS2	PMS2	RPS6KA4	RPS6KA4	SUFU) NM_016169.3 (1)	BRCA1
NM_000535.5 (13)	NM_000535.5 (3)	NM_003942.2 (16)	NM_003942.2 (17		NM_007300.3 (19)
BRCA1	BRCA1	BRCA1	IDH2	MAP2K4	<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 [™]	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 Fin	ORT STATUS al	
	MAP2K4 NM_001281435.1 (MAP2K4 6) NM_001281435	.1 (7)	MAP. NM_001281			56KB1 3161.3 (6)		RPS6KB1 NM_003161.3 (13)		SUZ12 _015355.2 (2)	
	SUZ12 NM_015355.2 (4)	SUZ12 NM_015355.2 (5)		SUZ12 015355.2 (6)	SUZ1 NM_01535		SUZ NM_01533		SUZ . NM_01535			
	BRCA2 NM_000059.3 (5)	BRCA2 NM_000059.3 (8)		BRCA2 000059.3 (12)	CU NM_0035		GA NM_002		IFNGI NM_00041			
	IFNGR1 NM_000416.2 (5)	<i>IFNGR1</i> NM_000416.2 (3)		IAP3K1 005921.1 (1)	MAP3 NM_00592		MAP3 NM_00593		NOTCI NM_000435			
	NOTCH3 NM_000435.2 (1)	RPS6KB2 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[™] 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