



# ONCOMPASS™ REPORT

POWERED BY

 **Realtime Oncology**  
**Molecular Treatment Calculator™**

**DISCLAIMER**

This report can be used and clinically interpreted only by a physician. The physician may consider or disregard the information provided by this report based on other clinical factors. The ONCOMPASS Report provides information published in the scientific literature associated with the molecular profile of the tumor. However, ONCOMPASS Medicine cannot take responsibility for the content of these articles. The drugs indicated may or may not be registered and/or reimbursed in the tumor type or under the condition in the country in which this report is used.

# Oncompass Report

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ID	201003
NAME	Anonymous
RELEASE DATE	2018-10-19 09:44

## PATIENT INFORMATION

Oncompass™ ID: 144212  
Name: Anonymous  
Year of birth: 1968

Primary Tumor Site: lung  
Histology Type: adenocarcinoma  
Metastatic sites: brain, lymph node, bone

## MEDICAL TEAM

Molecular Pharmacologist: István Peták MD PhD  
Medical Biotechnologist: Orsolya Lörinczi MSc  
Genetic Counselor: Júlia Déri MSc  
Molecular Biologist: Edit Várkonyi PhD  
Consulting Physician: Gábor Pajkos MD  
Clinical Oncologist: Csongor Lengyel MD  
Case Coordinator: Lilian Hári  
Info-Bionics Engineer: Dóra Tihanyi MSc

## PATHOLOGICAL AND MOLECULAR DIAGNOSTIC TESTS

Oncompass tumor molecular profiling was performed on histology sample of the primary tumor of the patient.  
Tumor cell ratio: 30% on the area selected for molecular diagnostic test  
Tumor location and histology: lung adenocarcinoma

Tests performed:  
NGS - 50 genes  
IHC - PD-L1

## SUMMARY

Oncompass FULL NGS hotspot multigene test panel revealed an activating mutation in the EGFR gene (EGFR-L858R), according to the scientific literature it is a known driver variant in non-small cell lung cancer. Several EGFR-inhibitors are labelled in NSCLC in cases of activating mutations. According to our Precision Oncology Calculator AFATINIB has the highest compound score. According to the Lux-Lung 7 study, which investigated efficacy of AFATINIB versus GEFITINIB in the first-line setting AFATINIB was associated with prolonged PFS in L858R mutant subgroups. Other option may be OSIMERTINIB or immunotherapies. With PDL1 immunohistochemistry 10% of the tumor cells were positive (by using the 22C3 pharmDx antibody). Several studies demonstrated that higher PD-L1 expression may be positively associated with the use of checkpoint inhibitors.

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## MOLECULAR TARGET ANALYSIS

### MOLECULAR ALTERATIONS

EGFR-L858R driver (AEL: 3968.12, AF/TR: 60.89%/30%),  
PDL1 protein overexpression driver (AEL: 23.97, AF/TR: NA/30%),  
TP53 wild-type biomarker (AEL: 0.00)

### TARGET GENES

EGFR wild-type (AEL: 4821.26),  
• EGFR-L858R driver (AEL: 3968.12)

AXL wild-type (AEL: 3976.82),  
• EGFR-L858R driver (AEL: 3968.12)

Hsp90 wild-type (AEL: 3969.88),  
• EGFR-L858R driver (AEL: 3968.12)

EGFR ngs mutant (AEL: 3969.12),  
• EGFR-L858R driver (AEL: 3968.12)

PDL1 wild-type (AEL: 101.64),  
• PDL1 protein overexpression driver (AEL: 23.97)

PDCD1 wild-type (AEL: 45.24),  
• PDL1 protein overexpression driver (AEL: 23.97)

MDM2 wild-type (AEL: 0.46)

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## DRUGS POSITIVELY ASSOCIATED

### DRUGS IN CLINICAL USE

20 selected from 55

AFATINIB (lung - non-small cell carcinoma [FDA+EMEA]) (AEL: 14001.57)

- EGFR wild-type target (AEL: 4821.26) ;
- EGFR-L858R driver (AEL: 3968.12) ;
- EGFR ngs mutant target (AEL: 3969.12)

DACOMITINIB (lung - non-small cell carcinoma [FDA]) (AEL: 12787.92)

- EGFR wild-type target (AEL: 4821.26) ;
- EGFR-L858R driver (AEL: 3968.12) ;
- EGFR ngs mutant target (AEL: 3969.12)

GEFITINIB (lung - non-small cell carcinoma [FDA+EMEA]) (AEL: 10607.65)

- EGFR wild-type target (AEL: 4821.26) ;
- EGFR-L858R driver (AEL: 3968.12)

ERLOTINIB (lung - non-small cell carcinoma [FDA+EMEA]; pancreas - all [FDA+EMEA]) (AEL: 9500.30)

- EGFR wild-type target (AEL: 4821.26) ;
- EGFR-L858R driver (AEL: 3968.12)

PANITUMUMAB (rectum - all [FDA]; colon - all [FDA]) (AEL: 8801.76)

- EGFR-L858R driver (AEL: 3968.12) ;
- EGFR wild-type target (AEL: 4821.26)

BRIGATINIB (lung - non-small cell carcinoma [FDA]) (AEL: 8790.37)

- EGFR ngs mutant target (AEL: 3969.12) ;
- EGFR wild-type target (AEL: 4821.26)

OSIMERTINIB (lung - non-small cell carcinoma [FDA]) (AEL: 8790.37)

- EGFR-L858R driver (AEL: 3968.12) ;
- EGFR wild-type target (AEL: 4821.26)

NECITUMUMAB (lung - squamous [FDA]) (AEL: 4823.03)

- EGFR wild-type target (AEL: 4821.26)

VANDETANIB (thyroid - medullary carcinoma [FDA]) (AEL: 4821.26)

- EGFR wild-type target (AEL: 4821.26)

NERATINIB (breast - all [FDA]) (AEL: 4821.26)

- EGFR wild-type target (AEL: 4821.26)

PEMBROLIZUMAB (all - malignant melanoma [FDA]; lung - non-small cell carcinoma [FDA]) (AEL: 3519.11)

- PDCD1 wild-type target (AEL: 45.24) ;
- PDL1 protein overexpression driver (AEL: 23.97)

ATEZOLIZUMAB (ureter - all [FDA+EMEA]; lung - non-small cell carcinoma [FDA+EMEA]) (AEL: 859.30)

- PDL1 wild-type target (AEL: 101.64) ;
- PDL1 protein overexpression driver (AEL: 23.97)

CETUXIMAB (head-neck - squamous cell carcinoma [FDA+EMEA]; colon - all [FDA+EMEA]; rectum - all [FDA+EMEA]) (AEL: 858.25)

- EGFR-L858R driver (AEL: -3968.12) ;
- EGFR wild-type target (AEL: 4821.26)

AVELUMAB (lung - non-small cell carcinoma [FDA]; ureter - all [FDA]; skin - Merkel cell carcinoma (MCC) [FDA+EMEA]; bladder - all [FDA]) (AEL: 218.40)

- PDL1 wild-type target (AEL: 101.64) ;
- PDL1 protein overexpression driver (AEL: 23.97)

DURVALUMAB (all - urothelial carcinoma [FDA]) (AEL: 149.76)

- PDL1 protein overexpression driver (AEL: 23.97) ;
- PDL1 wild-type target (AEL: 101.64)

NIVOLUMAB (kidney - renal cell carcinoma [FDA]; all - malignant melanoma [FDA]; lung - non-small cell carcinoma [FDA]) (AEL: 106.81)

- PDCD1 wild-type target (AEL: 45.24) ;
- PDL1 protein overexpression driver (AEL: 23.97)

RAMUCIRUMAB (stomach - all [FDA]; gastroesophageal junction - adenocarcinoma [FDA]; gastric - all [FDA]; lung - non-small cell carcinoma [FDA]; colon - all [FDA]; rectum - all [FDA]) (AEL: 13.13)

## DRUGS NEGATIVELY ASSOCIATED

### DRUGS IN CLINICAL USE

2 selected from 2

CRIZOTINIB (lung - non-small cell carcinoma [FDA+EMEA]) (AEL: -7941.08)

- MET wild-type target (AEL: -3969.14) ;
- EGFR-L858R driver (AEL: -3968.12)

LAPATINIB (breast - all [FDA]) (AEL: -3968.26)

- EGFR-L858R driver (AEL: -3968.12)

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DRUGS POSITIVELY ASSOCIATED	DRUGS NEGATIVELY ASSOCIATED
<p>CABOZANTINIB (thyroid - medullary carcinoma [FDA+EMEA]; kidney - renal cell carcinoma [FDA+EMEA]) (AEL: 12.96)</p> <ul style="list-style-type: none"><li>• AXL wild-type target (AEL: 3976.82) ;</li><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>BEVACIZUMAB (breast - all [FDA+EMEA]; ovary - epithelial carcinoma [FDA+EMEA]; rectum - all [FDA+EMEA]; fallopian tube - all [FDA+EMEA]; lung - non-small cell carcinoma [FDA+EMEA]; colon - all [FDA+EMEA]; cervix - all [FDA+EMEA]; peritoneum - all [FDA+EMEA]; kidney - renal cell carcinoma [FDA+EMEA]) (AEL: 11.54)</p> <p>NINTEDANIB (lung - adenocarcinoma [FDA+EMEA]) (AEL: 3.02)</p>	
<p><b>DRUGS IN CLINICAL DEVELOPMENT</b> 9 selected from 69</p> <p>MP-470 (AEL: 7945.81)</p> <ul style="list-style-type: none"><li>• AXL wild-type target (AEL: 3976.82) ;</li><li>• EGFR-L858R driver (AEL: 3968.12)</li></ul> <p>17-AAG (AEL: 7938.00)</p> <ul style="list-style-type: none"><li>• Hsp90 wild-type target (AEL: 3969.88) ;</li><li>• EGFR-L858R driver (AEL: 3968.12)</li></ul> <p>AP32788 (AEL: 7937.34)</p> <ul style="list-style-type: none"><li>• EGFR-L858R driver (AEL: 3968.12) ;</li><li>• EGFR ngs mutant target (AEL: 3969.12)</li></ul> <p>Zalutumumab (AEL: 4821.33)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul> <p>Simotinib (AEL: 4821.26)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul> <p>Matuzumab (AEL: 4821.26)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul> <p>H 447 (AEL: 4821.26)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul> <p>Imgatuzumab (AEL: 4821.26)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul> <p>BIBX 1382 (AEL: 4821.26)</p> <ul style="list-style-type: none"><li>• EGFR wild-type target (AEL: 4821.26)</li></ul>	<p><b>DRUGS IN CLINICAL DEVELOPMENT</b> 16 selected from 16</p> <p>MASITINIB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>RILOTUMUMAB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>AMG 208 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>AMG 337 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>TIVANTINIB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>BMS-777607 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>GOLVATINIB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>EMD 1204831 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>EMD 1214063 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>PF-04217903 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>ONARTUZUMAB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>SAR125844 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>SGX523 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>CAPMATINIB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>VOLITINIB (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul> <p>S49076 (AEL: -3969.14)</p> <ul style="list-style-type: none"><li>• MET wild-type target (AEL: -3969.14)</li></ul>

Compound scores displayed represent aggregated evidence levels (AEL). AEL represents the number, scientific impact and clinical relevance of evidence relations in the system, connecting tumor types, molecular alterations, targets and compounds. Individual evidence relation scores are normalized and weighted according to the degree of similarity of the parameters to the parameters of the given patient case. Compound AELs are obtained by aggregating all relevant associations (and AELs) between the specific compound, tumor type, drivers and targets. Compounds are listed in descending order of their AELs.  
( Abbreviations: AEL - aggregated evidence level, AF - allele frequency, TR: tumor ratio )

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## AVAILABLE CLINICAL TRIALS

Search Criteria

IDENTIFIER	DESCRIPTION																										
<a href="#">NCT02410512</a>	<p>A Dose-Escalation Study of the Safety and Pharmacokinetics of MOXR0916 and MPDL3280A in Patients With Locally Advanced or Metastatic Solid Tumors</p> <p><b>Active (not recruiting)</b></p> <table border="1"> <thead> <tr> <th>Line</th> <th>Phase</th> <th>Compounds</th> </tr> </thead> <tbody> <tr> <td>Neoadjuvant-4</td> <td>1a-1b</td> <td>BEVACIZUMAB, MOXR0916, MOXR0916, MPDL3280A, MPDL3280A</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Countries</th> <th>Allocation</th> <th>Masking</th> </tr> </thead> <tbody> <tr> <td></td> <td>Non Randomized</td> <td>Single Group Assignment</td> </tr> </tbody> </table>			Line	Phase	Compounds	Neoadjuvant-4	1a-1b	BEVACIZUMAB, MOXR0916, MOXR0916, MPDL3280A, MPDL3280A	Countries	Allocation	Masking		Non Randomized	Single Group Assignment												
Line	Phase	Compounds																									
Neoadjuvant-4	1a-1b	BEVACIZUMAB, MOXR0916, MOXR0916, MPDL3280A, MPDL3280A																									
Countries	Allocation	Masking																									
	Non Randomized	Single Group Assignment																									
<a href="#">NCT02923947</a>	<p>Open-label,Non-randomised,Multicentre,Phase I Study to Assess the Pharmacokinetics, Safety &amp; Tolerability of Osimertinib Following a Single Oral 80mg Dose to Patients w/ Adv Solid Tumours &amp; Normal Renal Function or Severe Renal Impairment</p> <p><b>Active recruiting</b></p> <table border="1"> <thead> <tr> <th>Line</th> <th>Phase</th> <th>Compounds</th> </tr> </thead> <tbody> <tr> <td>2-10</td> <td>1a-1b</td> <td>OSIMERTINIB</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Countries</th> <th>Allocation</th> <th>Masking</th> </tr> </thead> <tbody> <tr> <td>France, Spain</td> <td>N/A</td> <td>Single Group Assignment</td> </tr> </tbody> </table>			Line	Phase	Compounds	2-10	1a-1b	OSIMERTINIB	Countries	Allocation	Masking	France, Spain	N/A	Single Group Assignment												
Line	Phase	Compounds																									
2-10	1a-1b	OSIMERTINIB																									
Countries	Allocation	Masking																									
France, Spain	N/A	Single Group Assignment																									
<a href="#">NCT02318277</a>	<p>A Study of Epacadostat (INCB024360) in Combination With Durvalumab (MEDI4736) in Subjects With Selected Advanced Solid Tumors (ECHO-203)</p> <p><b>Active recruiting</b></p> <table border="1"> <thead> <tr> <th>Line</th> <th>Phase</th> <th>Compounds</th> </tr> </thead> <tbody> <tr> <td>2-10</td> <td>1-2</td> <td>INCB024360, MEDI4736</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Countries</th> <th>Allocation</th> <th>Masking</th> </tr> </thead> <tbody> <tr> <td>United States</td> <td>N/A</td> <td>Single Group Assignment</td> </tr> </tbody> </table>			Line	Phase	Compounds	2-10	1-2	INCB024360, MEDI4736	Countries	Allocation	Masking	United States	N/A	Single Group Assignment												
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2-10	1-2	INCB024360, MEDI4736																									
Countries	Allocation	Masking																									
United States	N/A	Single Group Assignment																									
<a href="#">NCT01714739</a>	<p>A Phase 1/2 Study of the Combination of Lirilumab (Anti-KIR) Plus Nivolumab (Anti-PD-1) or Lirilumab Plus Nivolumab and Ipilimumab in Advanced Refractory Solid Tumors</p> <p><b>Active (not recruiting)</b></p> <table border="1"> <thead> <tr> <th>Line</th> <th>Phase</th> <th>Compounds</th> </tr> </thead> <tbody> <tr> <td>2-6</td> <td>1-2</td> <td>IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Countries</th> <th>Allocation</th> <th>Masking</th> </tr> </thead> <tbody> <tr> <td>Germany, Singapore</td> <td>Randomized</td> <td>Double Blind</td> </tr> </tbody> </table> <hr/> <table border="1"> <thead> <tr> <th>Line</th> <th>Phase</th> <th>Compounds</th> </tr> </thead> <tbody> <tr> <td>2-6</td> <td>1-2</td> <td>IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Countries</th> <th>Allocation</th> <th>Masking</th> </tr> </thead> <tbody> <tr> <td>Switzerland, Italy, France, United States, Spain, Canada</td> <td>Randomized</td> <td>Double Blind</td> </tr> </tbody> </table>			Line	Phase	Compounds	2-6	1-2	IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB	Countries	Allocation	Masking	Germany, Singapore	Randomized	Double Blind	Line	Phase	Compounds	2-6	1-2	IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB	Countries	Allocation	Masking	Switzerland, Italy, France, United States, Spain, Canada	Randomized	Double Blind
Line	Phase	Compounds																									
2-6	1-2	IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB																									
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2-6	1-2	IPILIMUMAB, LIRILUMAB, NIVOLUMAB, LIRILUMAB, NIVOLUMAB																									
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## AVAILABLE CLINICAL TRIALS

**NCT02130466** A Study of the Safety and Efficacy of Pembrolizumab (MK-3475) in Combination With Trametinib and Dabrafenib in Participants With Advanced Melanoma (MK-3475-022/KEYNOTE-022)

### Active recruiting

Line	Phase	Compounds
Neoadjuvant-10	1-2	DABRAFENIB, DABRAFENIB, DABRAFENIB, PEMBROLIZUMAB, PEMBROLIZUMAB, PEMBROLIZUMAB, PLACEBO, TRAMETINIB, TRAMETINIB, TRAMETINIB

Countries	Allocation	Masking
Australia, Italy, Canada, United States	Randomized	Double Blind

**Inclusive Biomarkers**  
BRAF-V600E, BRAF-V600K

### Active recruiting

Line	Phase	Compounds
Neoadjuvant-10	1-2	PEMBROLIZUMAB, TRAMETINIB

Countries	Allocation	Masking
Australia, Italy, Canada, United States	N/A	Single Group Assignment

**Inclusive Biomarkers**  
BRAF wild-type

**NCT01953926** AN OPEN-LABEL, PHASE 2 STUDY OF NERATINIB IN PATIENTS WITH SOLID TUMORS WITH SOMATIC HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR, HER2, HER3) MUTATIONS OR EGFR GENE AMPLIFICATION

### Active recruiting

Line	Phase	Compounds
2-10	2	FULVESTRANT, NERATINIB, TRASTUZUMAB

Countries	Allocation	Masking
Finland, Israel, Australia, Korea, Republic of, Denmark, Italy, United Kingdom, Spain, United States	N/A	Single Group Assignment

**Inclusive Biomarkers**  
ERBB2 ngs mutant, ESR1 protein overexpression, PGR protein overexpression

### Active recruiting

Line	Phase	Compounds
2-10	2	NERATINIB, PACLITAXEL

Countries	Allocation	Masking
Finland, Israel, Australia, Korea, Republic of, Denmark, Italy, United Kingdom, Spain, United States	N/A	Single Group Assignment

**Inclusive Biomarkers**  
ERBB2 ngs mutant

### Active recruiting

Line	Phase	Compounds
2-10	2	NERATINIB, TRASTUZUMAB

Countries	Allocation	Masking
Finland, Israel, Australia, Korea, Republic of, Denmark, Italy, United Kingdom, Spain, United States	N/A	Single Group Assignment

**Inclusive Biomarkers**  
EGFR ngs mutant, EGFR amplification presence, ERBB2 ngs mutant, ERBB3 ngs mutant

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## AVAILABLE CLINICAL TRIALS

<b>NCT02758587</b>	Study of FAK (Defactinib) and PD-1 (Pembrolizumab) Inhibition in Advanced Solid Malignancies (FAK-PD1)		
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	Neoadjuvant-10	2	DEFACTINIB, PEMBROLIZUMAB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	United Kingdom	N/A	Single Group Assignment
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	Neoadjuvant-10	2	DEFACTINIB, PEMBROLIZUMAB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	United Kingdom	N/A	Single Group Assignment
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	Neoadjuvant-10	2	DEFACTINIB, PEMBROLIZUMAB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	United Kingdom	N/A	Single Group Assignment
<b>Active recruiting</b>			
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
Neoadjuvant-10	1a-1b	DEFACTINIB, PEMBROLIZUMAB	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
United Kingdom	N/A	Single Group Assignment	
<b>NCT02664935</b>	National Lung Matrix Trial: Multi-drug Phase II Trial in Non-Small Cell Lung Cancer		
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	2-10	2	AZD2014, AZD4547, AZD5363, AZD9291, CRIZOTINIB, DOCETAXEL, MEDI4736, PALBOCICLIB, SELUMETINIB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
United Kingdom	Non Randomized	Single Group Assignment	
<b>NCT03090737</b>	Safety Study of Nivolumab to Treat Advanced or Metastatic Non-small Cell Lung Cancer (CheckMate 907)		
	<b>Not yet recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	2-10	2	NIVOLUMAB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	Japan, Romania	N/A	Single Group Assignment
<b>Active recruiting</b>			
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
2-10	2	NIVOLUMAB	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
Canada	N/A	Single Group Assignment	



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## AVAILABLE CLINICAL TRIALS

<a href="#">NCT02583165</a>	A Study in Adult Subjects With Select Advanced Solid Tumors		
	<b>Active (not recruiting)</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	1-10	1a-1b	MEDI1873
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	Spain, United States	N/A	Single Group Assignment
<a href="#">NCT02917993</a>	An Open-Label Phase 1/2 Study of INCB039110 in Combination With Osimertinib in Subjects With Locally Advanced or Metastatic Non-Small Cell Lung Cancer		
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	2	2	Itacitinib, OSIMERTINIB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	United States	N/A	Single Group Assignment
	<b>Inclusive Biomarkers</b>		
	EGFR-G719A, EGFR-G719C, EGFR-G719D, EGFR-G719S, EGFR-G719V, EGFR-L858R, EGFR-L861Q		
	<b>Active recruiting</b>		
	<b>Line</b>	<b>Phase</b>	<b>Compounds</b>
	2-10	1a-1b	Itacitinib, OSIMERTINIB
	<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>
	United States	N/A	Single Group Assignment
	<b>Inclusive Biomarkers</b>		
	EGFR-G719A, EGFR-G719C, EGFR-G719D, EGFR-G719S, EGFR-G719V, EGFR-L858R, EGFR-L861Q		

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## AVAILABLE CLINICAL TRIALS

**NCT02627274** A Study Evaluating Safety, Pharmacokinetics, and Therapeutic Activity of RO6874281 as a Single Agent (Part A) or in Combination With Trastuzumab or Cetuximab (Part B or C)

### Active recruiting

Line	Phase	Compounds
Neoadjuvant-10	1a-1b	RO6874281

Countries	Allocation	Masking
Italy	N/A	Single Group Assignment

### Active recruiting

Line	Phase	Compounds
3-10	1a-1b	RO6874281, TRASTUZUMAB

Countries	Allocation	Masking
Italy	N/A	Single Group Assignment

### Inclusive Biomarkers

ERBB2 protein overexpression, ERBB2 amplification presence

### Active recruiting

Line	Phase	Compounds
3-10	1a-1b	RO6874281, TRASTUZUMAB

Countries	Allocation	Masking
Denmark, United Kingdom, Spain	N/A	Single Group Assignment

### Inclusive Biomarkers

ERBB2 protein overexpression, ERBB2 amplification presence

### Active recruiting

Line	Phase	Compounds
Neoadjuvant-10	1a-1b	RO6874281

Countries	Allocation	Masking
Denmark, United Kingdom, France, Spain, Netherlands, United States	N/A	Single Group Assignment

### Active recruiting

Line	Phase	Compounds
2-10	1a-1b	CETUXIMAB, RO6874281

Countries	Allocation	Masking
Denmark, United Kingdom, France, Spain, Netherlands, United States	N/A	Single Group Assignment

### Active recruiting

Line	Phase	Compounds
2-10	1a-1b	CETUXIMAB, RO6874281

Countries	Allocation	Masking
Italy	N/A	Single Group Assignment

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## AVAILABLE CLINICAL TRIALS

<a href="#">NCT03133546</a>	Osimertinib and Bevacizumab Versus Osimertinib Alone as Second-line Treatment in Stage IIIb-IVb NSCLC With Confirmed EGFRm and T790M (BOOSTER) <b>Active recruiting</b>		
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
2-10		BEVACIZUMAB, OSIMERTINIB, OSIMERTINIB	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
Singapore, Switzerland, Korea, Republic of, Ireland, Spain, Netherlands	Randomized	Open Label	
<b>Inclusive Biomarkers</b>	EGFR-L858R, EGFR-T790M		
<a href="#">NCT02504346</a>	AZD9291, an Irreversible EGFR-TKI, in Relapsed EGFR-mutated Non-small Cell Lung Cancer Patients Previously Treated With an EGFR-TKI, Coupled to Extensive Translational Studies <b>Active recruiting</b>		
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
Neoadjuvant-10	2	AZD9291	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
Norway, Sweden, Finland, Denmark, Lithuania	N/A	Single Group Assignment	
<a href="#">NCT03379441</a>	Pembrolizumab (MK-3475) as Maintenance in Treated Patients With Unresectable Stage III NSCLC <b>Not yet recruiting</b>		
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
Neoadjuvant-10	2	PEMBROLIZUMAB	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
Italy	N/A	Single Group Assignment	
<a href="#">NCT02143466</a>	AZD9291 in Combination With Ascending Doses of Novel Therapeutics <b>Active recruiting</b>		
<b>Line</b>	<b>Phase</b>	<b>Compounds</b>	
Neoadjuvant-10	1b	AZD6094, AZD6094, AZD9291, AZD9291, AZD9291, MEDI4736, SELUMETINIB	
<b>Countries</b>	<b>Allocation</b>	<b>Masking</b>	
Taiwan, Province of China, Russian Federation, Japan, Korea, Republic of, China, Poland, Ukraine, Canada, United States	Non Randomized	Single Group Assignment	
<b>Inclusive Biomarkers</b>	EGFR ngs mutant		

This list of clinical trials has been generated by the Realtime Oncology Molecular Treatment Calculator by matching the clinical and molecular profile of the patient with inclusion and exclusion criteria of trials recorded in the system. Search criteria have been manually set to filter matching clinical trials but do not necessarily cover all screening parameters. Oncompass Medicine cannot take responsibility for the validity of the recorded clinical trial data concerning inclusion and exclusion criteria and status, and cannot guarantee that the patient is going to be enrolled in any of the trials included in the list provided.

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## DETAILED MOLECULAR PROFILE

### MUTANT GENES

EGFR-L858R

### WILD TYPE GENES

ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL

### FISH/CNA/IHC POSITIVE GENES

PDL1 PROTEIN OVEREXPRESSION

### FISH/CNA/IHC NEGATIVE GENES

## BIOINFORMATICAL AND FUNCTIONAL ANALYSIS

### MOLECULAR ALTERATIONS

EGFR-L858R driver (AEL: 3968.12, AF/TR: 60.89%/30%),  
PDL1 protein overexpression driver (AEL: 23.97, AF/TR: NA/30%),  
TP53 wild-type biomarker (AEL: 0.00)

### TARGET GENES

EGFR wild-type (AEL: 4821.26),  
• EGFR-L858R driver (AEL: 3968.12)

AXL wild-type (AEL: 3976.82),  
• EGFR-L858R driver (AEL: 3968.12)

Hsp90 wild-type (AEL: 3969.88),  
• EGFR-L858R driver (AEL: 3968.12)

EGFR ngs mutant (AEL: 3969.12),  
• EGFR-L858R driver (AEL: 3968.12)

PDL1 wild-type (AEL: 101.64),  
• PDL1 protein overexpression driver (AEL: 23.97)

PDCD1 wild-type (AEL: 45.24),  
• PDL1 protein overexpression driver (AEL: 23.97)

MDM2 wild-type (AEL: 0.46)

## BIOINFORMATICAL AND FUNCTIONAL ANALYSIS

Previous therapies: palliative radiotherapies and

1st line: ERLOTINIB, ZOLEDRONIC ACID (22.05.2017. - 21.11.2017.)

Oncompass tumor molecular profiling was performed on histology sample of the primary tumor of the patient.  
Tumor cell ratio: 30% on the area selected for molecular diagnostic test  
Tumor location and histology: lung adenocarcinoma

Results of the next generation sequencing

L858R (2573T>G) mutation in the EGFR gene was detected in the sample.

EGFR-L858R (61% of the DNA examined):

This mutation is listed in the COSMIC database. The alteration is in exon 21, according to the scientific literature it is a known driver variant in non-small cell lung cancer (1). The L858R alteration increases sensitivity to EGFR inhibitors (2-5).

Registered EGFR inhibitors include GEFITINIB and AFATINIB in case of activating EGFR mutation. ERLOTINIB is approved as first line treatment in the presence of EGFR mutation, as well EGFR wild-type patients in second line.

In a phase 1/2 study, among the 126 patients who received the combination of afatinib and cetuximab, the ORR was 29%, and 18% of patients had tumor shrinkage of at least 50%. The ORR was not significantly different between T790M-positive (32%) and T790M-negative (25%) tumors. The median duration of response to afatinib and cetuximab was 5.7 months. The median PFS for all patients was 4.7 months (6).

AZD9291 was investigated in phase 1 dose-escalation study. The ORR among all patients was 53%, including an ORR of 64% in T790M-positive patients and 22% in T790M-negative patients (6).

Further registered EGFR inhibitors are CETUXIMAB, PANITUMUMAB, NECITUMUMAB, LAPATINIB and the FDA approved NERATINIB, which are not registered in the indication of the patient's tumor.

OSIMERTINIB is approved in the presence of EGFR-T790M mutation.

(1) Lynch TJ et al., Activating mutations in the epidermal growth factor receptor underlying responsiveness of non-small-cell lung cancer to gefitinib. N Engl J Med. 2004 May 20;350(21):2129-39. Epub 2004 Apr 29. PubMed PMID: 15118073

## BIOINFORMATICAL AND FUNCTIONAL ANALYSIS

- (2) Mitsudomi T et al., West Japan Oncology Group.. Gefitinib versus cisplatin plus docetaxel in patients with non-small-cell lung cancer harbouring mutations of the epidermal growth factor receptor (WJTOG3405): an open label, randomised phase 3 trial. *Lancet Oncol.* 2010 Feb;11(2):121-8. Epub 2009 Dec 18. PubMed PMID: 20022809
- (3) Maemondo M et al., North-East Japan Study Group.. Gefitinib or chemotherapy for non-small-cell lung cancer with mutated EGFR. *N Engl J Med.* 2010 Jun 24;362(25):2380-8. PubMed PMID: 20573926
- (4) Rosell R et al., Spanish Lung Cancer Group in collaboration with Groupe Français de Pneumo-Cancérologie and Associazione Italiana Oncologia Toracica. Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EURTAC): a multicentre, open-label, randomised phase 3 trial. *Lancet Oncol.* 2012 Mar;13(3):239-46. PubMed PMID: 22285168
- (5) Sequist LV et al., Phase III study of afatinib or cisplatin plus pemetrexed in patients with metastatic lung adenocarcinoma with EGFR mutations. *J Clin Oncol.* 2013 Sep 20;31(27):3327-34. Epub 2013 Jul 1. PubMed PMID: 23816960
- (6) Patrick M. Forde et al., Managing Acquired Resistance in EGFR Mutated Non-Small Cell Lung Cancer. *Clinical Advances in Hematology & Oncology August 2015, Volume 13, Issue 8*

The LUX-Lung 3 study investigated the efficacy of chemotherapy compared with afatinib as a first-line treatment. According to the subgroup analysis of progression-free survival (PFS), afatinib was associated with prolonged PFS in L858R mutant and Del19 mutant subgroups as well. Hazard ratios were 0.73 and 0.28 respectively (1).

In the LUX-Lung 6 study afatinib was tested versus cisplatin plus gemcitabine for first-line treatment of Asian patients with advanced non-small-cell lung cancer harbouring EGFR mutations. According to the subgroup analysis of progression-free survival (PFS), afatinib was associated with prolonged PFS in L858R mutant and Del19 mutant subgroups as well. Hazard ratios were 0.32 and 0.20 respectively (2).

The Lux-Lung 7 study investigated efficacy of afatinib versus gefitinib as a first-line treatment. According to the subgroup analysis of median progression-free survival (PFS), afatinib was associated with prolonged PFS in L858R mutant and Del19 mutant subgroups as well.

- (1) Sequist LV et al., Phase III study of afatinib or cisplatin plus pemetrexed in patients with metastatic lung adenocarcinoma with EGFR mutations. *J Clin Oncol.* 2013 Sep 20;31(27):3327-34. doi: 10.1200/JCO.2012.44.2806. Epub 2013 Jul 1. PubMed PMID: 23816960.
- (2) Wu YL et al., Afatinib versus cisplatin plus gemcitabine for first-line treatment of Asian patients with advanced non-small-cell lung cancer harbouring EGFR mutations (LUX-Lung 6): an open-label, randomised phase 3 trial. *Lancet Oncol.* 2014 Feb;15(2):213-22. doi: 10.1016/S1470-2045(13)70604-1. Epub 2014 Jan 15. PubMed PMID: 24439929.
- (3) Park K et al., Afatinib versus gefitinib as first-line treatment of patients with EGFR mutation-positive non-small-cell lung cancer (LUX-Lung 7): a phase 2B, open-label, randomised controlled trial. *Lancet Oncol.* 2016 May;17(5):577-89. doi: 10.1016/S1470-2045(16)30033-X. Epub 2016 Apr 12. PubMed PMID: 27083334.

Silent mutations were detected in the FGFR3 (1953G>A), PDGFRA (1701A>G), APC (4479G>A), EGFR (2361G>A), HRAS (81T>C) and in the RET (2307G>T and 2712C>G) genes, that do not cause amino acid changes within the protein.

No hotspot mutations were detected in the successfully examined regions of the following genes: ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL .

Wild type TP53 is considered to be in positive association with MDM2/HDM2 inhibitors, which may only be available in clinical trials (1).

- (1) Mir R et al., Mdm2 antagonists induce apoptosis and synergize with cisplatin overcoming chemoresistance in TP53 wild-type ovarian cancer cells. *Int J Cancer.* 2013 Apr 1;132(7):1525-36. PubMed PMID: 22961628

Results of the FISH analysis:  
The FISH analysis was unsuccessful.

Result of the PD-L1 immunohistochemistry analysis:  
The sample was analysed with PD-L1 22C3 pharmDx antibody using immunohistochemistry (IHC). 10% of the tumor cells were positive.

NIVOLUMAB (PD-1 inhibitor) is approved for NSCLC patients after systematic treatment. PEMBROLIZUMAB (PD-1 inhibitor) is approved for the treatment of locally advanced or metastatic NSCLC in patients whose tumors express PD-L1 with a 1% tumor proportion score (TPS) and who have received at least one prior chemotherapy regimen. It is also indicated for the first-line treatment of metastatic non-small cell lung carcinoma in adults whose tumors express PD-L1 with a 50% TPS with no EGFR mutation or ALK translocation. ATEZOLIZUMAB (PD-L1 inhibitor) is approved only by the FDA for the treatment of patients with locally advanced or metastatic non-small cell lung cancer after they have been previously treated with chemotherapy regardless of PD-L1 status. Several studies demonstrated that use of checkpoint inhibitors results in enhanced response in patients with higher PD-L1 expression in their tumors, compared to patients with lower or no PD-L1 expression in their tumors (1, 2).

In a randomized, international phase III study patients were enrolled with non-squamous non-small cell lung cancer to receive nivolumab or docetaxel. The median overall survival was 12.2 months among 292 patients in the nivolumab group and 9.4 months among 290 patients in the docetaxel group (3). Among patients with PD-L1 positive tumors PFS and OS was significantly better in the nivolumab group compared to the docetaxel group (4).

In patients with previously treated, PD-L1-positive, advanced non-small-cell lung cancer the overall survival was 14.9 months with pembrolizumab therapy, while with docetaxel monotherapy overall survival was 8.2 months (5). Among NSCLC patients with less than 50% PD-L1 expression, median overall survival was 9 months with pembrolizumab therapy, while in patients with at least 50% PD-L1 expression median overall survival was not reached during the 26 months of follow-up (6). Atezolizumab significantly improved survival compared with docetaxel (4.2 months vs 2.9 months) according to the OAK and POLAR clinical trials, involving 1137 NSCLC patients (7, 8). The demonstrated promising response rates in NSCLC correlated with PD-L1 expression (9).

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## BIOINFORMATICAL AND FUNCTIONAL ANALYSIS

RAMUCIRUMAB (VEGFR-2 inhibitor) is not associated with the patient's molecular profile, but it is a registered compound in NSCLC indication in combination with docetaxel after prior platinum-containing chemotherapy. BEVACIZUMAB (VEGF inhibitor) and NINTEDANIB (receptor tyrosine kinase inhibitor) are registered drugs in lung adenocarcinoma. They are indicated in combination with chemotherapy in first or second line, respectively.

The addition of bevacizumab to paclitaxel plus carboplatin in the treatment of selected patients with non-small-cell lung cancer has a significant survival benefit. The median survival was 12.3 months in the group assigned to chemotherapy plus bevacizumab, as compared with 10.3 months in the chemotherapy-alone group (10).

According to a study, involving 1314 patients, nintedanib in combination with docetaxel is an effective second-line option for patients with advanced NSCLC previously treated with one line of platinum-based therapy, especially for patients with adenocarcinoma. PFS was significantly improved in the docetaxel plus nintedanib group compared with the docetaxel plus placebo group (median 3.4 months vs 2.7 months (11)). Ramucirumab plus docetaxel improves survival as second-line treatment of patients with stage IV NSCLC. Median overall survival was 10.5 months for 628 patients allocated ramucirumab plus docetaxel and 9.1 months for 625 patients who received placebo plus docetaxel (12).

- (1) Kerr KM et al., Programmed Death-Ligand 1 Immunohistochemistry in Lung Cancer: In what state is this art? J Thorac Oncol. 2015 Jul;10(7):985-9. Review. PubMed PMID: 26134220
- (2) Herbst RS et al., Predictive correlates of response to the anti-PD-L1 antibody MPDL3280A in cancer patients. Nature. 2014 Nov 27;515(7528):563-7. PubMed PMID: 25428504
- (3) Borghaei H et al., Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer. N Engl J Med. 2015 Oct 22;373(17):1627-39. PubMed PMID: 26412456
- (4) Luis Paz-Ares et al., Phase III, randomized trial (CheckMate 057) of nivolumab (NIVO) versus docetaxel (DOC) in advanced non-squamous cell (non-SQ) non-small cell lung cancer (NSCLC). J Clin Oncol 33, 2015 (suppl; abstr LBA109)
- (5) Herbst RS et al., Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial. Lancet. 2016 Apr 9;387(10027):1540-50. PubMed PMID: 26712084
- (6) Garon EB et al., Pembrolizumab for the treatment of non-small-cell lung cancer. N Engl J Med. 2015 May 21;372 (21):2018-28. PubMed PMID: 25891174
- (7) Fehrenbacher L et al., Atezolizumab versus docetaxel for patients with previously treated non-small-cell lung cancer (POPLAR): a multicentre, open-label, phase 2 randomised controlled trial. Lancet. 2016 Apr 30;387(10030):1837-46. PubMed PMID: 26970723
- (8) <http://www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm525780.html>
- (9) Spira AI et al., Efficacy, safety and predictive biomarker results from a randomized phase II study comparing MPDL3280A vs docetaxel in 2L/3L NSCLC (POPLAR) [abstract 8010]. J Clin Oncol. 2015;33(suppl).
- (10) Sandler A et al., Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer. N Engl J Med. 2007 Jan 18;356(3):318. PubMed PMID: 17167137
- (11) Reck M et al., Docetaxel plus nintedanib versus docetaxel plus placebo in patients with previously treated non-small-cell lung cancer (LUME-Lung 1): a phase 3, double-blind, randomised controlled trial. Lancet Oncol. 2014 Feb;15(2):143-55. PubMed PMID: 24411639
- (12) Garon EB et al., Ramucirumab plus docetaxel versus placebo plus docetaxel for second-line treatment of stage IV non-small-cell lung cancer after disease progression on platinum-based therapy (REVEL): a multicentre, double-blind, randomised phase 3 trial. Lancet. 2014 Aug 23;384 (9944): 665-73. PubMed PMID: 24933332

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COMPOUND NAME	REFERENCES
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## DETAILED DESCRIPTION OF DRIVER AND TARGET GENES

### DRIVER GENES

Name	Description
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NAME	Anonymous
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## DETAILED DESCRIPTION OF DRIVER AND TARGET GENES

### DRIVER GENES

Name	Description
EGFR	Receptor tyrosine kinase binding ligands of the EGF family and activating several signaling cascades to convert extracellular cues into appropriate cellular responses. Known ligands include EGF, TGFA/TGF-alpha, amphiregulin, epigen/EPGN, BTC/betacellulin, epiregulin/EREG and HBEGF/heparin-binding EGF. Ligand binding triggers receptor homo- and/or heterodimerization and autophosphorylation on key cytoplasmic residues. The phosphorylated receptor recruits adapter proteins like GRB2 which in turn activates complex downstream signaling cascades. Activates at least 4 major downstream signaling cascades including the RAS-RAF-MEK-ERK, PI3 kinase-AKT, PLCgamma-PKC and STATs modules. May also activate the NF-kappa-B signaling cascade. Also directly phosphorylates other proteins like RGS16, activating its GTPase activity and probably coupling the EGF receptor signaling to the G protein-coupled receptor signaling. Also phosphorylates MUC1 and increases its interaction with SRC and CTNNB1/beta-catenin Isoform 2 may act as an antagonist of EGF action
PDL1	Involved in the costimulatory signal, essential for T-cell proliferation and production of IL10 and IFNG, in an IL2-dependent and a PDCD1-independent manner. Interaction with PDCD1 inhibits T-cell proliferation and cytokine production.
TP53	Acts as a tumor suppressor in many tumor types; induces growth arrest or apoptosis depending on the physiological circumstances and cell type. Involved in cell cycle regulation as a trans-activator that acts to negatively regulate cell division by controlling a set of genes required for this process. One of the activated genes is an inhibitor of cyclin-dependent kinases. Apoptosis induction seems to be mediated either by stimulation of BAX and FAS antigen expression, or by repression of Bcl-2 expression. In cooperation with mitochondrial PPIF is involved in activating oxidative stress-induced necrosis; the function is largely independent of transcription. Induces the transcription of long intergenic non-coding RNA p21 (lincRNA-p21) and lincRNA-Mkl1. LincRNA-p21 participates in TP53-dependent transcriptional repression leading to apoptosis and seem to have effect on cell-cycle regulation. Implicated in Notch signaling cross-over. Prevents CDK7 kinase activity when associated to CAK complex in response to DNA damage, thus stopping cell cycle progression. Isoform 2 enhances the transactivation activity of isoform 1 from some but not all TP53-inducible promoters. Isoform 4 suppresses transactivation activity and impairs growth suppression mediated by isoform 1. Isoform 7 inhibits isoform 1-mediated apoptosis. Regulates the circadian clock by repressing CLOCK-ARNTL/BMAL1-mediated transcriptional activation of PER2 (PubMed: 24051492).

## DETAILED DESCRIPTION OF DRIVER AND TARGET GENES

### TARGET GENES

Name	Description
AXL	Receptor tyrosine kinase that transduces signals from the extracellular matrix into the cytoplasm by binding growth factor GAS6 and which is thus regulating many physiological processes including cell survival, cell proliferation, migration and differentiation. Ligand binding at the cell surface induces dimerization and autophosphorylation of AXL. Following activation by ligand, AXL binds and induces tyrosine phosphorylation of PI3-kinase subunits PIK3R1, PIK3R2 and PIK3R3; but also GRB2, PLCG1, LCK and PTPN11. Other downstream substrate candidates for AXL are CBL, NCK2, SOCS1 and TNS2. Recruitment of GRB2 and phosphatidylinositol 3 kinase regulatory subunits by AXL leads to the downstream activation of the AKT kinase. GAS6/AXL signaling plays a role in various processes such as endothelial cell survival during acidification by preventing apoptosis, optimal cytokine signaling during human natural killer cell development, hepatic regeneration, gonadotropin-releasing hormone neuron survival and migration, platelet activation, or regulation of thrombotic responses. Plays also an important role in inhibition of Toll-like receptors (TLRs)-mediated innate immune response. In case of filovirus infection, seems to function as a cell entry factor.
EGFR	Receptor tyrosine kinase binding ligands of the EGF family and activating several signaling cascades to convert extracellular cues into appropriate cellular responses. Known ligands include EGF, TGFA/TGF-alpha, amphiregulin, epigen/EPGN, BTC/betacellulin, epiregulin/EREG and HBEGF/heparin-binding EGF. Ligand binding triggers receptor homo- and/or heterodimerization and autophosphorylation on key cytoplasmic residues. The phosphorylated receptor recruits adapter proteins like GRB2 which in turn activates complex downstream signaling cascades. Activates at least 4 major downstream signaling cascades including the RAS-RAF-MEK-ERK, PI3 kinase-AKT, PLCgamma-PKC and STATs modules. May also activate the NF-kappa-B signaling cascade. Also directly phosphorylates other proteins like RGS16, activating its GTPase activity and probably coupling the EGF receptor signaling to the G protein-coupled receptor signaling. Also phosphorylates MUC1 and increases its interaction with SRC and CTNNB1/beta-catenin Isoform 2 may act as an antagonist of EGF action
MDM2	E3 ubiquitin-protein ligase that mediates ubiquitination of p53/TP53, leading to its degradation by the proteasome. Inhibits p53/TP53- and p73/TP73-mediated cell cycle arrest and apoptosis by binding its transcriptional activation domain. Also acts as a ubiquitin ligase E3 toward itself and ARRB1. Permits the nuclear export of p53/TP53. Promotes proteasome-dependent ubiquitin-independent degradation of retinoblastoma RB1 protein. Inhibits DAXX-mediated apoptosis by inducing its ubiquitination and degradation. Component of the TRIM28/KAP1-MDM2-p53/TP53 complex involved in stabilizing p53/TP53. Also component of the TRIM28/KAP1-ERBB4-MDM2 complex which links growth factor and DNA damage response pathways. Mediates ubiquitination and subsequent proteasome degradation of DYRK2 in nucleus. Ubiquitinates IGF1R and SNAI1 and promotes them to proteasomal degradation.
PDCD1	Inhibitory cell surface receptor involved in the regulation of T-cell function during immunity and tolerance. Upon ligand binding, inhibits T-cell effector functions in an antigen-specific manner. Possible cell death inducer, in association with other factors.
PDL1	Involved in the costimulatory signal, essential for T-cell proliferation and production of IL10 and IFNG, in an IL2-dependent and a PDCD1-independent manner. Interaction with PDCD1 inhibits T-cell proliferation and cytokine production.

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## APPENDIX

### TARGETED COMPOUNDS

**DRUGS IN CLINICAL USE (75):** ABEMACICLIB, ACALABRUTINIB, AFATINIB, ALECTINIB, ATEZOLIZUMAB, AVELUMAB, AXITINIB, BELINOSTAT, BEVACIZUMAB, BORTEZOMIB, BOSUTINIB, BRIGATINIB, CABOZANTINIB, CARFILZOMIB, CEDIRANIB, CERITINIB, CETUXIMAB, COBIMETINIB, COPANLISIB, CRIZOTINIB, DABRAFENIB, DARATUMUMAB, DASATINIB, DURVALUMAB, ELOTUZUMAB, ENASIDENIB, ERLOTINIB, EVEROLIMUS, GEFITINIB, IBRUTINIB, IDELALISIB, IMATINIB, INOTUZUMAB OZOGAMICIN, IPILIMUMAB, IXAZOMIB, LAPATINIB, LENALIDOMIDE, LENVATINIB, METFORMIN, MIDOSTAURIN, NECITUMUMAB, NERATINIB, NILOTINIB, NINTEDANIB, NIRAPARIB, NIVOLUMAB, OLAPARIB, OLARATUMAB, OSIMERTINIB, PALBOCICLIB, PANITUMUMAB, PANOBINOSTAT, PAZOPANIB, PEMBROLIZUMAB, PERTUZUMAB, POMALIDOMIDE, PONATINIB, RAMUCIRUMAB, REGORAFENIB, RIBOCICLIB, ROMIDEPSIN, RUCAPARIB, SORAFENIB, SUNITINIB, T-DM1, TEMSIROLIMUS, THALIDOMIDE, TRAMETINIB, TRASTUZUMAB, VANDETANIB, VEMURAFENIB, VISMODEGIB, VORINOSTAT, ZIV-AFLIBERCEPT

**DRUGS IN CLINICAL TRIAL STAGE (445):** 17-AAG, 4SC-201, 4SC-202, 4SC-203, AAL881, AB-010, ABBV-221, ABT-414, ABT-494, ABT-700, ABT-767, ABT-806, ABTL0812, AC0010MA, AC-480, ACE-041, ACP-319, ACY-1215, ACY-241, ADU-623, AEB071, AEE788, AG-014699, AG-120, AG-881, AGI-5198, AKN-028, ALLITINIB, ALRN-6924, AMG208, AMG-232, AMG319, AMG337, AMG595, AMUVATINIB, ANLOTINIB, AP26113, AP32788, APRINOCARSEN, AR-42, ARGX-111, ARQ087, ARQ736, ARRY-380, ARRY382, ARX788, AS-703026, AS703988, ASP2215, ASP3026, ASP5878, ASP8273, AT13387, AT7519, AT9283, AUY922, AV-412, AVX901, AZ628, AZD0156, AZD1480, AZD2014, AZD2461, AZD3759, AZD4547, AZD5438, AZD6094, AZD6244, AZD6738, AZD-7762, AZD8055, AZD8186, AZD8330, AZD8835, B-701, BARICITINIB, BAY1000394, BAY1082439, BAY1163877, BAY1179470, BAY1187982, BAY1436032, BAY54-9085, BAY87-2243, BEZ235, BGB-283, BGB-290, BGJ398, BGT226, BI-2536, BI6727, BI847325, BI-847325, BI860585, BIIB021, BIIB028, BKM120, BLU-285, BMN673, BMS-599626, BMS-690514, BMS-777607, BMS-906024, BMS-911543, BMS-986115, BRIVANIB, BRONTICTUZUMAB, BYL719, CAL-263, CANERTINIB, CAPMATINIB, CC-223, CEP-32496, CEP-37440, CEP-9722, CG200745, CGM097, CH5424802, CHIAURANIB, CHIR-124, CHIR-265, CHR-2845, CHR-3996, CLR457, CM-082, CP-724714, CPI-1205, CRA-024781, CRENOLANIB, CT-707, CT-P6, CUCCD-101, CUCCD-907, CXD101, CYC065, CYC116, DACOMITINIB, DANUSERTIB, DCC-2618, debio0932, debio1347, DECERNOTINIB, DEMCIZUMAB, DOVITINIB, DS-2248, DS-3032b, DS-6051b, DS-7423, DS-8201a, E6201, E7016, E7050, E7090, E7449, EDO-S101, EGF816, EMD1204831, EMD1214063, ENMD-2076, ENMD-981693, ENTRECTINIB, ENZASTAURIN, EPITINIB, EPZ-6438, ERTUMAXOMAB, EZN-2968, FAMITINIB, FEDRATINIB, FILGOTINIB, FLUZOPARIB, FLX925, FORETINIB, FPA008, FPA144, FRUQUINTINIB, FS102, GANDOTINIB, GC1118, GDC-0084, GDC-0425, GDC-0575, GDC-0623, GDC-0941, GDC-0980, GF109203X, GLESATINIB, GLPG-0555, GOLVATINIB, GS-9820, GSK1059615, GSK2126458, GSK2636771, GSK2816126, GSK-461364, HDM201, HEMAY022, HGS1036, HM61713, HMN-214, HMR1275, HS-10241, HSP990, ICOTINIB, ICRUCUMAB, IDH1R132H, IDH305, ILORASERTIB, IMC-CS4, IMG289, IMU-131, INC280, INCB039110, INCB040093, INCB047986, INCB050465, INCB052793, INCB054828, INCB-47986, INIPARIB, INO-1001, IPI-145, IPI-493, IPI-504, IPI-549, ITF2357, JNJ-26481585, JNJ-26483327, JNJ-26854165, JNJ-38877605, JNJ-42756493, JNJ-61186372, KA2237, KAI-1678, KOS-1022, KTN0158, KU55933, KW-2478, LBT613, LDK378, LESTAURTINIB, LGX818, LINIFANIB, LOP628, LORLATINIB, LUCITANIB, LXS196, LY2606368, LY287445, LY-2874455, LY2875358, LY294002, LY3023414, LY3039478, LY3076226, LY3164530, M344, MASITINIB, MATUZUMAB, MC1568, ME-344, ME-401, MEDI4276, MEHD7945A, MEK162, MFG18775, MGAH22, MGCD0103, MGCD265, MI-773, MK0752, MK-1496, MK-1775, MK-2461, MK-7965, MK-8242, MK-8776, MLN0128, MLN1117, MM-111, MM-151, MM-302, MOMELOTINIB, MOTESANIB, MPC-3100, MPT0E028, MR1-1, MRX34, MSC2156119J, NIMESULIDE, NIMOTUZUMAB, NMS-1286937, NMS-E973, NMS-P937, NS-018, NS-398, NVP-BEP800, OBP-801, ODM-203, ON-01910, ONARTUZUMAB, ORANTINIB, OSI-027, OSI-930, P1446A-05, P276-00, P7170, PACRITINIB, PARECOXIB, PCI-34051, PD-0166285, PD0325901, PD184352, PD98059, PEFICITINIB, PEGDINETANIB, PELITINIB, PEPIDH1M, PEXIDARTINIB, PF-00337210, PF-02341066, PF-03084014, PF-03446962, PF-04217903, PF-04691502, PF-04965842, PF-06459988, PF-06463922, PF-06747775, PF-477736, PHA-793887, PHA-848125AC, PKI-166, PKI179, PKI-587, PLX-5622, PLX8394, PLX-9486, POZIOTINIB, PQR309, PRT062070, PU-H71, PWT143, PWT33597, PX-478, PX-866, PYROTINIB, QUIZARTINIB, R547, RAF265, RDEA119, REBASTINIB, RG1530, RGB-286638, RIDAFOROLIMUS, RILOTUMUMAB, RINDOPEPIMUT, R03280, RO4929097, RO4987655, RO5045337, RO5083945, RO5126766, RO5212054, RO5503781, RO6839921, ROCILETINIB, RP6530, RUBOXISTAURIN, RXDX-101, S-222611, S49076, SAIT301, SAPITINIB, SAR125844, SAR260301, SB939, SCH-900776, SEMAGACESTAT, SEMAXANIB, SF1126, SGX523, SHP-141, SIMOTINIB, SNDX-275, SNS-032, SNX-2112, SNX-5422 mesylate, SOLCITINIB, SOTRASTAUIN, STA-9090, SU-014813, SU-11274, SU9516, SULFATINIB, Sym004, TAK-165, TAK-285, TAK-733, TANDUTINIB, TAREXTUMAB, TAS-120, TASELISIB, TELATINIB, TEPOTINIB, TESEVATINIB, TEW-7197, TG02, TG100-115, TG100-801, TG101348, TGR-1202, TIVANTINIB, TIVOZANIB, TSA, TSR-011, TSU-68, U0126, UCN-01, VARLITINIB, VATALANIB, VELIPARIB, VER155008, VER-49009, VER-50589, VS-5584, VX-970, WP1066, WX-037, WX-554, X-396, X-82, XL019, XL147, XL-281, XL647, XL765, XL-820, XL888, XL-999, ZALUTUMUMAB, ZD4547, ZM336372, ZSTK474

Description of the genes is provided by UniProt (Universal Protein Resource).

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Report Validated By

Istvan Petak, MD, PhD  
Molecular pharmacologist, Director