

## Next-Generation Sequencing Comprehensive Myeloid &

# CLL Prognostic Panels

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NEXT GENERATION SEQUENCING PANELS	KATION SEQUENCING PANELS   GENE(S) EVALUATED								
Comprehensive Myeloid Sequencing Panel	ABL1	ASXL1	ATRX	BCOR	BCORL1	BRAF	CALR	CBL	CBLB
	CBLC	CDKN2A	CEBPA	CSF3R	CUX1	DNMT3A	ETV6/TEL	EZH2	FBXW7
	FLT3	GATA1	GATA2	GNAS	HRAS	IDH1	IDH2	IKZF1	JAK2
	JAK3	KDM6A	KIT	KRAS	MLL	MPL	MYD88	NOTCH1	NPM1
	NRAS	PDGFRA	PHF6	PTEN	PTPN11	RAD21	RUNX1	SETBP1	SF3B1
	SMC1A	SMC3	SRSF2	STAG2	TET2	TP53	U2AF1	WT1	ZRSR2
CLL Prognostic Sequencing Panel	MYD88	SF3B1	TP53	NOTCH1					

### Comprehensive

- Offers the capability to detect 568 different genetic alterations across 54 genes
- NGS may provide a broader selection of therapeutic options for clinical diagnosis

#### Efficient

- Comprehensive report presents NGS data in a streamlined format, making it easier for ordering physicians to disseminate information and put protocol into practice based on findings

#### Rapid

 NGS greatly reduces the time to detect clinically actionable mutations with results in 7 to 10 days for rapid-track treatment implementation

#### Progressive

- Clinical trial suggestions may provide greater access to NCI-MATCH trials based on patient's molecular tumor subtype



#### Specimen Collection & Ordering Tests Appropriate specimen types for NGS testing are peripheral blood (EDTA) lavender top tube and/or bone marrow collections.

If you would like NGS testing to be performed on a patient specimen:

- 1. Fill out the OncoMetrix requisition form with all of the appropriate patient information along with diagnosis or any indication for testing.
- 2. Check the box for either the Comprehensive Myeloid Sequencing Panel or CLL Prognostic Sequencing Panel.
- 3. Place the completed requisition form and patient sample into the OncoMetrix Collection Kit and call 877.670. HEME (4363) for pick-up.

If you would like to add NGS testing onto a previously tested patient's specimen, please call 877.670.HEME (4363) and speak with one of our client service specialists.

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	PATI	PATIENT				EN			PH	<b>SICIA</b>	N		
	Patient	nt: SAMPLE PATIENT			Specimen: Bone Marrow				SAMPLE DOCTOR				
	DOB/Se	x: 1/31/19	Collected: 3/1/2017					Copie	02/40/	2017			
	Accessi	on #:	All S	pecin	iens:	17		KEPC	2. 03/10/2	2017			
	Desults	Interpret	1						Quick T	Quick TAT from			
	Positive	for FLT3 IT	D mutation			Cle	ar ana	1	1	collectio repo	collection date to reporting		
	Positive	for BRAF (	V600E) mutatio	n		compi	rehens	ive					
	Biomarke BRAF (V6	Biomarkers with Clinically Significant Alterations:											
	Biomarke	Biomarkers that Tested Negative for Clinically Significant Alterations:											
	ABL1, AS GNAS, HR RAD21, R	ABL1, ASXL1, ATRX, BCOR, BCORL1, BRAF, CALR, CBL, CBLB, CBLC, CDKN2A, CSF3R, CUX1, DNMT3A, ETV6/TEL, EZH2, FBXW7, GATA1, GATA2, GNAS, HRAS, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KRAS, MLL, MPL, MYD88, NOTCH1, NPM1, NRAS, PDGFRA, PHF6, PTEN, PTPN11, RAD21, RUNX1, SETBP1, SF3B1, SMC1A, SMC3, SRSF2,STAG2, TET2, TP53, U2AF1, WT1, ZRSR2											
	GENETIC Detected	GENETIC ALTERATIONS: Detected Alterations of Known or Potential Pathogenicity											
	Gene BRAF	Gene         Gene Alteration         Type of Alteration           BRAF         V600E         Substitution           c.1799T>A         VAF: 7.1%         Substitution		teration S n - Missense F		Significar Pathogeni	ic i	Thera Associa	eutic Implications ted with drug response:		Additional Information COSMIC: COSM1131, COSM476		
								Potent	ally relevant clinical trials		Allele Frequency: 0.0%dbSNP: rs113488022		
		PROGNOSTIC IMPLICATIONS:											
	Detected	Prognostic Implications of Detected Alter Detected Alterations Prognosis				Other Re	cer Typ levant	be Inform	nation	urce			
Prognostic implications for	FLI3IID	D May be favorable (See Other Inform			ation) FL13 IID is generally ass But concurrently occurr modify the outcome.			ssociated with poor progno ring favorable fusions may	osis. NC	CN, MCG			
alterations	DRUG RE	DRUG RESPONSE:											
	Drug Res			Alteration(s)		Condition		alysis	Other Relevant		Line of	Source	
	Sorafenib	Primary ser	Primary sensitivity		rd FD	D Acute My		euken	ia NCCN recommends that		Refractory	NCCN,MCG	
									hypomethylating agents (decitabine of 5-azacytidine) for patients with FLT3 ITD				
		ociated With	ciated With Sensitivity For Ot			/pes_Based on Genomic		nomi	mutations.				
	Drug	Respons	se to Drug Associa	ted	Altera	tion(s)	Condit	tion	Other Relevant		Line of	Source	
Drug sensitivity and	Cobimeti	nib Primary	sensitivity		BRAF	/600E	Melano	oma	Recommended by FDA for	nmended by FDA for treatment		FDA,MCG	
resistance for significant	and Vemurafe	enib							of patients with unresectable or metastatic melanoma with a BRA V600E/K mutation				
alterations which may provide	CLINICAL	CLINICAL TRIALS:											
additional therapy	Potential <u>Trial Titl</u>	ly Relevant 1 e	rials	rials				Relevant Genes	Conditio	ns			
injormation	Patients	ib With Stand With Newly Di	ard of Care Chemo iagnosed FLT3-ITD	therapy (+) AML	and as (NCT02	as Maintenance Therapy in FLT3 Acute 02668653)					Myeloid Leukemia, Leukemia		
Clinical trials may	Regions v The follo	with Insufficion	ent Coverage regions demonst	rated su	boptim	al covera	ge. Ass	ay ser	sitivity cannot be guarar	teed:			
options for patients based on their	Electronica 03/10/2017	ATRX_1.1, ATRX_2.1, BCOR_2.1, CBLB_1.1           Electronically signed by: Mihaela Onciu, MD           03/10/2017 03:35PM           ICD10 Codes: D72.829         CPT Codes: 81455											
molecular tumor subtype	ICD10 Codes: D												
	OncoMetrix	OncoMetrix Poplar Healthcare, PLLC (877) 6 3495 Hacks Cross Road, Memphis, TN 38125							(877) 670-1	HEME (4363)			
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