



Genetic Study of anti-EGFR Antibody Therapy Response in Colorectal Carcinoma

For genetic diagnosis use.

PATIENT		HEALTHCARE PROVIDER
Name:	N.A.	Referring physician:
Date of birth:	N.A.	Medical reference:
Gender:	N.A.	Harvesting facility:
Ethnicity:	N.A.	Referring facility: HeartGenetics
Consultancy referral number:	GM042547	
Family history:	N.A.	Requisition date:
Medical referral reason:	Anti-EGFR therapy in metastatic colorectal carcinoma	Fulfillment date:
Genetic laboratory referral reason:	N.A.	
Purpose:	Pharmacogenetics	
Specimen type:	FFPE colon adenocarcinoma	

1. RESULTS

1.1. MOLECULAR TESTING

Predictive markers of treatment outcome with anti-EGFR antibody therapy (*KRAS*, *NRAS*):

Mutational status: **NEGATIVE**

No mutations were identified for these markers.

Negative prognostic markers (*BRAF*):

Mutational status: **NEGATIVE**

No mutations were identified for these markers.

Emerging markers (*ERBB2*, *EGFR*, *KRAS*, *NRAS*, *PIK3CA*):

Mutational status: **NEGATIVE**

No mutations were identified for these markers.

1.2. GUIDELINE RECOMMENDATIONS

According to the guidelines from the European Society for Medical Oncology (ESMO), in patients with metastatic colorectal carcinoma (mCRC) *RAS* mutations are negative predictive markers of anti-EGFR monoclonal antibody treatment outcome, whereas *BRAF* mutations are negative prognostic markers [1]. Hence, only patients with *RAS* wild-type mCRC should be under consideration for treatment with cetuximab and panitumumab [1]. The ESMO's Zurich treatment algorithm guides patient therapeutic management according to the *RAS* and *BRAF* mutational status [1]. Mutations in *PIK3CA*, exon 20, activating mutations in *ERBB2* and *EGFR* ectodomain mutations are all considered to be emerging biomarkers, and there is insufficient evidence to recommend their use for therapy selection outside of a clinical trial [1].

2. TECHNICAL INFORMATION

2.1. METHODOLOGY

1. A commercial kit was used to perform DNA extraction and purification from FFPE colon adenocarcinoma. DNA concentration and quality were evaluated with MultiskanGo spectrophotometer (Thermo Scientific).
2. The status of 171 mutations in 6 genes (OncoAlvo® Panel) was assessed using a high-throughput DNA Microchip platform, the iPLEX® system (Agena Bioscience, Inc). This array platform allows an optimal genetic analysis by combining the benefits of accurate primer extension chemistry with MALDI-TOF mass spectrometry. The different masses of each generated PCR product are then converted into mutational status information.
3. The iPLEX® system has an accuracy of 99%.

2.2. OncoAlvo PANEL

<i>BRAF</i>	B-Raf proto-oncogene, serine/threonine kinase ENST00000288602	<i>KRAS</i>	KRAS proto-oncogene, GTPase ENST00000311936
<i>EGFR</i>	epidermal growth factor receptor ENST00000275493	<i>NRAS</i>	neuroblastoma RAS viral oncogene homolog ENST00000369535
<i>ERBB2</i>	erb-b2 receptor tyrosine kinase 2 ENST00000269571	<i>PIK3CA</i>	phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha NM_006218.1

2.3. RISKS AND LIMITATIONS

HeartGenetics applies a rigorous quality control which may not exclude the possibility of error that might influence the test results. The reliability of the results is always guaranteed as HeartGenetics, Genetics and Biotechnology SA standard quality recommendations have been followed for the execution of this genetic test. The results presented in this report are limited to the available scientific knowledge at the time this test was developed. The company guarantees the accuracy of the scientific knowledge presented in the report. It has been assumed as truthful all the above declarations about patient and medical identity, the purpose of the study, index case and nature of analysed biological products.

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TECHNICAL DIRECTION

Cantanhede, 2017-07-12



Helena Vazão
Molecular Biologist, PhD
Associate Laboratory Director
(Operation responsibility)



Susana Rodrigues Santos
Human Geneticist, Specialist; Molecular Biologist, PhD
Laboratory Director
(Validation responsibility)

3. APPENDIX

3.1. GENETIC INFORMATION

Without genetic alterations.

3.2. EVIDENCES FOR MOLECULAR MARKERS

Without genetic alterations.

4. REFERENCES

- [1] E. Van Cutsem, A. Cervantes, R. Adam, A. Sobrero, J. Van Krieken, D. Aderka, E. Aranda Aguilar, A. Bardelli, A. Benson, G. Bodoky, *et al.*, *Annals of Oncology* **27**, 1386 (2016).