Uncovering Treatment Options for Patients with Colorectal Cancer



NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) Recommend Molecular Testing in Colorectal Cancer (CRC)¹⁻²

- RAS Mutations- KRAS and NRAS:

 RAS mutations often confer resistance
 to EGFR therapies³
 - Anti-HER2 therapy is only indicated in **HER2-amplified** tumors that are also *RAS* and *BRAF* wild type

- 2 BRAF Mutations: BRAF is a strong prognostic marker⁴ and may help inform the use of BRAF-targeted therapy
- MSI Status: Testing MSI may help inform the use of immunotherapy in patients with metastatic CRC

Our portfolio of tests analyzes all guideline recommended genes and biomarkers for relevant alterations in patients with CRC including *KRAS*, *NRAS*, *BRAF*, HER2 and MSI.*



The Value of Comprehensive Genomic Profiling with Foundation Medicine:



Of the 6.4% of patients that harbor potentially resistant *KRAS* mutations outside of codons 12 and 13, **88% may not be identified by focused PCR-based testing methods** as having such a *KRAS* mutation.

Rankin et al.,

Broad Detection of Alterations...,
The Oncologist



TMB can potentially identify an additional 3% of CRC patients[†] who are MSS (microsatellite stable) but who may benefit from cancer immunotherapy.⁶

[†] Based on a TMB-high cut-off of 12 mutations per megabase. Research is ongoing to determine appropriate cut-offs for colorectal and other cancer types, which could impact the number of MSS patients who are determined to have a high TMB in that disease.

Fabrizio et al.,
Beyond microsatellite testing...,

Journal of GI Oncology



Patients with rare alterations in genes such as *ALK*, *ROS1* and *NTRK*[†] have a poorer prognosis and may have exceptional benefit from new targeted therapies and clinical trials.⁷

‡ NTRK not currently tested on FoundationOne Liquid



Additional clinically relevant genes for CRC patients: *PIK3CA*, *PTEN*, *CTNNB1*, *APC*, *RET*, *ERBB2*, and others.

A portfolio of tests to help identify more treatment options:



FOUNDATIONONE®CDx

TISSUE BIOPSY

FoundationOne CDx is FDAapproved with Medicare coverage for qualifying Medicare patients.8

- Analyzes 324 genes
- Reports TMB and MSI



FOUNDATION ONE ** LIQUID

LIQUID BIOPSY

FoundationOne Liquid is a laboratory developed test that delivers high-quality answers from a simple blood draw.

- Analyzes 70 genes
- Reports MSI-H status

NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®) Version 1.2020 Colon Cancer

CLINICAL **WORKUP* FINDINGS PRESENTATION** Suspected or Colonoscopy Synchronous liver Resectable[‡] proven metastatic only and/or lung Chest/abdominal/pelvic CT only metastases synchronous Unresectable CBC, chemistry profile adenocarcinoma (potentially CEA (Any T, any N, M1) convertible[‡] or **Determination of tumor** unconvertible) gene status for RAS and **BRAF** mutations and HER2 Synchronous amplifications (individually abdominal/ or as part of next-generation peritoneal sequencing [NGS panel]) metastases · Determination of tumor MMR or MSI status (if not previously done) · Biopsy, if clinically indicated **Synchronous** unresectable Consider PET/CT scan (skull base to mid-thigh) if potentially metastases surgically curable M1 disease in of other sites§ selected cases - Consider MRI of liver for liver metastases that are potentially resectable · Multidisciplinary team evaluation, including a surgeon experienced in the resection of hepatobiliary and lung metastases See Principles of Surgery (COL-C 2 of 3). See Principles of Imaging (COL-A). See Principles of Pathologic Review (COL-B 4 of 8) - KRAS, NRAS, and BRAF Mutation Testing and Microsatellite Instability (MSI) or Mismatch Repair (MMR) Testing. If known Consider colon resection only if imminent risk of obstruction, significant bleeding, perforation, or other significant tumor-related symptoms. RAS/RAF mutation, HER2 testing is not indicated. NGS panels have the ability to pick up rare and actionable mutations and fusions.

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TO LEARN MORE:

Visit www.foundationmedicine.com

TO SIGN UP OR ORDER A TEST:

Visit www.foundationmedicine.com/signup

FoundationOne*CDx is the only FDA-approved *in vitro* diagnostic test by Foundation Medicine. FoundationOne Liquid and FoundationOne Heme were developed and their performance characteristics determined by Foundation Medicine. They have not been cleared or approved by the U.S. Food and Drug Administration. For more information on our laboratory developed tests please see Technical Specifications at http://www.foundationmedicine.com.

FoundationOne*CDx is a next-generation sequencing based in vitro test intended for use by healthcare professionals for advanced cancer patients with solid tumors. The test analyzes 324 genes as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) and is FDA-approved as a companion diagnostic to identify patients who may benefit from treatment with a specific list of therapies (listed in Table 1 in the Technical Information at www.foundationmedicine.com/flcdx) in accordance with the approved therapeutic product labeling. Additional genomic findings, other than those listed in Table 1, may be reported and are not prescriptive or conclusive for labeled use of any specific therapeutic product. Use of the test does not guarantee a patient will be matched to a treatment or clinical trial option, or that all relevant alterations will be detected. Some patients may require a biopsy. For the complete label, including important risk information, please visit www.foundationmedicine.com/f1cdx.

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 Medicare and Medicare Advantage members have coverage of FoundationOne CDx in
- accordance with the Centers for Medicare and Medicaid Services (CMS) national coverage

