Uncovering Treatment Options for Patients with Non-Small Cell Lung Cancer (NSCLC)

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Recommend Molecular Testing for Appropriate Patients with Metastatic NSCLC, if Clinically Feasible1*†

FOR ADENOCARCINOMA, LARGE CELL, AND NSCLC NOT OTHERWISE SPECIFIED (NOS)

Recommend biomarker testing for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping, RET, NTRK, and PD-L1, and emerging biomarkers MET amplification, ERBB2 (HER2) and TMB.

Strongly advise broader molecular profiling with the goal of identifying rare driver mutations for which effective drugs may already be available, or to appropriately counsel patients regarding the availability of clinical trials.1

The use of plasma cell-free/circulating tumor DNA (plasma testing) can be considered in specific clinical circumstances such as a patient unfit for invasive tissue sampling or if there is insufficient material for molecular analysis following pathologic confirmation of a NSCLC diagnosis.1

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Our portfolio of tests analyzes genes and biomarkers for relevant alterations in patients with NSCLC, including EGFR, ALK, ROS1, BRAF, MET, RET, NTRK, ERBB2, TMB1 and PD-L1.8

Expanding FDA-Approved Therapy Options for Metastatic NSCLC patients

FoundationOne®CDx is a companion diagnostic
FoundationOne®Liquid CDx is a companion diagnostic

EGFR
- Gilotrif® (afatinib)
- Iressa® (gefitinib)
- Tagrisso® (osimertinib)
- Tarceva® (erlotinib)
- Vizimpro® (dacomitinib)

ALK
- Alecensa® (alectinib)
- Alunbrig® (brigatinib)
- Xalkori® (crizotinib)
- Zykadia® (ceritinib)

ROS1
- Rozlytrek® (entrectinib)
- Xalkori® (crizotinib)
- Zykadia® (ceritinib)

BRAF V600E
- Tafinlar® (dabrafenib)
  in combination with Mekinist® (trametinib)
  Zelboraf® (vemurafenib)

MET
- Trabecta® (capmatinib)
- Keytruda® (pembrolizumab)
  in combination with chemotherapy

NTRK
- Rozlytrek® (entrectinib)
- Vittrakvi® (larotrectinib)

PD-L1
- Keytruda® (pembrolizumab)

RET
- Retevmo™ (selpercatinib)

TMB

The Value of Comprehensive Genomic Profiling with Foundation Medicine

Single gene testing or limited panels have been shown to miss up to 35% of ALK fusions and 21% of EGFR mutations (41% of these missed EGFR mutations are common alterations targetable by an FDA-approved therapy in the applicable patient’s tumor type).5

Foundation Medicine is the only company that has demonstrated the ability for a comprehensive blood-based test to identify patients with ALK fusions in a global prospective trial for metastatic NSCLC at similar frequencies historically published with tissue testing4, as shown with our previous laboratory developed test FoundationOne®LiquidΔ.

A study in NSCLC found that 44% of patients didn't get results from molecular testing because tissue was insufficient5. In such cases, a portfolio that includes liquid-based comprehensive genomic profiling provides the option to automatically reflex to liquid.
TO LEARN MORE:
Visit www.foundationmedicine.com

TO SIGN UP OR ORDER A TEST:
Visit www.foundationmedicine.com/signup

1 FoundationOne Liquid CDx reports on bTMB.
2 PD-L1 by immunohistochemistry (IHC) can be ordered as a supplemental test and may inform eligibility for several immunotherapies across different cancer types.
3 FoundationOne®Liquid is a previous version and different from FoundationOne®Liquid CDx. For concordance results between these two tests, please see our label at www.foundationmedicine.com/F1LCDx.
4 FoundationOne Liquid CDx is FDA-approved to report substitutions and indels in 311 genes, including rearrangements and copy number losses only in BRCA1/2.
6 The Centers for Medicare & Medicaid Services (CMS) Decision Memo for Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer (CAG-00450R) see Appendix B.