

Fusion Detection with DNA and RNA



This document covers the capabilities of DNA and RNA sequencing to detect fusions in solid tumors with a focus on FoundationOne®CDx.

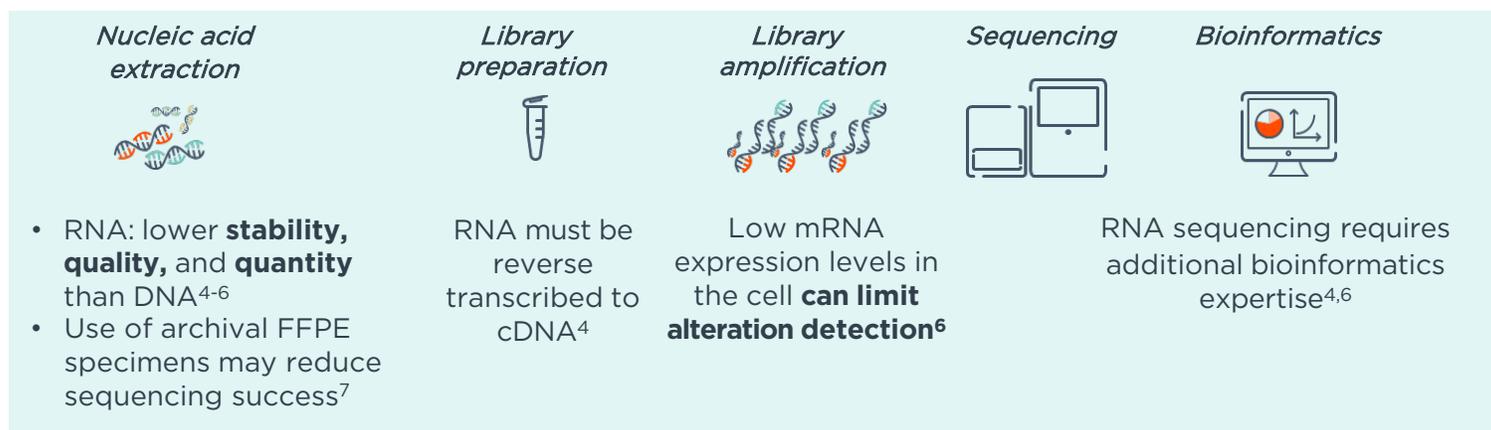
Key takeaways include:

FoundationOne CDx is validated to detect common fusions¹⁻³

Some fusions are detectable only by RNA sequencing^{4,5}

Due to RNA instability, RNA sequencing requires a high-quality sample⁴⁻⁷

DNA and RNA Next-Generation Sequencing Overview



Mack et al. used a model based on real-world data to predict the likelihood of a fusion detected by only RNA sequencing, but not DNA sequencing, in non-squamous NSCLC⁸

1.3% Predicted RNA-only fusion detection rate

4.4% Predicted RNA-only fusion detection rate in otherwise driver-negative samples

FoundationOne CDx Was Designed to Detect Fusions and Rearrangements with DNA Sequencing^{1,2,8}

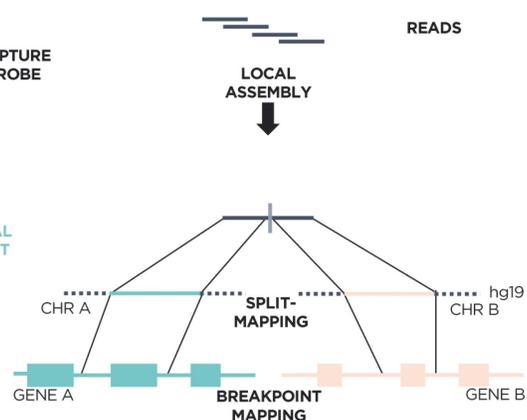
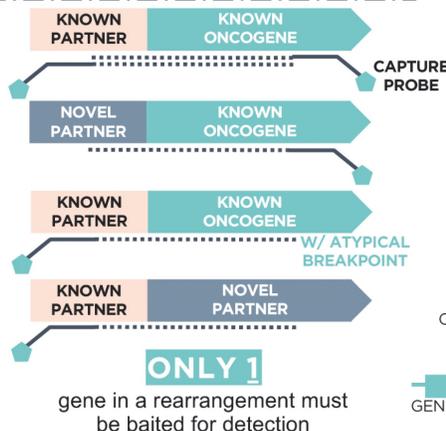
REARRANGEMENT DETECTION USING DNA CGP

>13% of targeted region dedicated to intronic coverage of known fusion genes/recurrent partners

Hybrid capture-based approach allows for detection of rare and novel partners

De novo assembly allows for precise breakpoint detection

- 309** genes with complete exonic coverage
- 21** genes with complete exonic and select intronic coverage
- + 13** frequent fusion partner genes with select intronic coverage



FoundationOne CDx has Multiple Companion Diagnostic Claims for Fusions and Rearrangements¹⁻³

FoundationOne CDx is the only tissue-based test with FDA-approved companion diagnostic claims to detect *ROS1*, *NTRK*, *ALK*, *FGFR2*, and *RET* fusions across multiple tumor types.

| | n | Comparator test | PPA, % (95% CI) | NPA, % (95% CI) |
|--|------------------|-------------------------------------|-------------------|------------------|
| <i>ALK</i> rearrangements ¹ | 159 | IHC and FISH | 92.9 (85.1-97.3)* | 100 (95.2-100) |
| <i>ROS1</i> fusions ² | 291 | Externally validated NGS assay, PCR | 73.9 (59.7-84.4) | 99.2 (97.1-99.8) |
| <i>FGFR2</i> fusions and rearrangements ¹ | 181 | Externally validated NGS assay | 100 (95.7-100) | 100 (96.3-100) |
| <i>RET</i> fusions ² | 209 [^] | PCR, NGS, FISH ³ | 90.1 (81.0-95.1) | 100 (97.3-100) |
| <i>NTRK1/2/3</i> rearrangements ¹ | 275 | RNA sequencing | 84.1 (69.9-93.4) | 100 (98.4-100) |

*2 specimens harbored *ALK* rearrangements detected by FoundationOne CDx classified as negative based on study protocol

[^]Excludes patients with unevaluable FoundationOne CDx results

Foundation Medicine Tissue DNA CGP Fusion Detection is Associated with rwPFS in NSCLC⁸

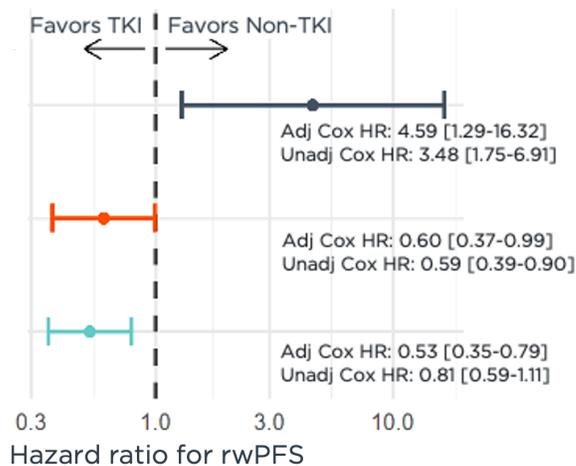
When a fusion was not detected by Foundation Medicine DNA CGP, rwPFS was shorter on targeted therapy

When Foundation Medicine DNA CGP detected a fusion, rwPFS on targeted therapy was similar even if other testing did not identify the fusion

Discordant result
Fusion detected only by other testing

Discordant result
Fusion detected only by Foundation Medicine

Concordant result
Fusion detected by both testing methods



Have questions about fusions? Contact your Medical Science Liaison:

<http://www.foundationmedicine.com/contact>

Abbreviations

Adj = adjusted, CI = confidence interval, CGP = comprehensive genomic profiling, FISH = fluorescence in situ hybridization, IHC = immunohistochemistry, HR = hazard ratio, NGS = next-generation sequencing, NPA = negative percent agreement, NSCLC = non-small cell lung cancer, PCR = polymerase chain reaction, PPA = positive percent agreement, rwPFS = real world progression-free survival, TKI = tyrosine kinase inhibitors, Unadj = unadjusted.

References

1. Milbury CA, et al. *PLoS ONE*. 2022;17(3): e0264138; 2. FoundationOne®CDx Technical Information. Foundation Medicine; 2023. Accessed February 19, 2024. <https://www.FICDxLabel.com>. 3. Subbiah V, et al. *Lancet Oncol*. 2022;23(10):1261-1273. 4. Heyer EE, Blackburn J. *Bioessays*. 2020;42(7):e2000016. 5. Aref-Eshghi E, et al. *Cancer Genet*. 2021;258-259:110-119. 6. Bekaii-Saab TS, et al. *Ann Oncol*. 2021;32(9):1111-1126. 7. Rapoport BL, et al. *Karger Publishing: Fast Facts: Comprehensive Genomic Profiling*, 2020. DOI: 10.1159/isbn.978-3-318-06819-1. 8. Mack PC, et al. *Oncologist*. 2024. doi:10.1093/oncolo/oyae028.

FoundationOne®CDx is a qualitative next-generation sequencing based in vitro diagnostic test for advanced cancer patients with solid tumors and is for prescription use only. The test analyzes 324 genes as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) and is a companion diagnostic to identify patients who may benefit from treatment with specific therapies in accordance with the approved therapeutic product labeling. Additional genomic findings 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. A negative result does not rule out the presence of an alteration. Some patients may require a biopsy. For the complete label, including companion diagnostic indications and important risk information, please visit www.FICDxLabel.com.