

Comprehensive Genomic Profiling and You: Talking to Your Doctor About the Foundation Medicine Tests



An advanced non-small cell lung cancer diagnosis can change your life. It's natural for you and your loved ones to feel overwhelmed with questions.

If you don't know where to start when thinking about treatment options, there's something you can do. Ask your doctor about the FoundationOne®CDx and FoundationOne®Liquid CDx tests. This guide will help you get the conversation started.

Step 1: Understand Why a Personalized Treatment Plan for Advanced Non-Small Cell Lung Cancer (NSCLC) Matters

If you're facing an advanced NSCLC diagnosis, it's important to remember that no two tumors are alike. Finding the right treatment option for your specific tumor is critical.

Testing the cancer's DNA, including specific genes, for mutations and biomarkers (measurable characteristics within a cancer cell) can help identify which treatments may work best. The FoundationOne CDx and FoundationOne Liquid CDx tests analyze hundreds of genes to help inform treatment decisions. Although treatments are not approved for every gene or biomarker, your doctor can utilize genomic test results to rule out certain treatments and determine your eligibility for clinical trials.

Testing the following genes and biomarkers is recommended for patients with advanced NSCLC:

<i>EGFR</i>	<i>ALK fusion</i>	<i>ROS1 fusion</i>	<i>BRAF V600E</i>
<i>MET</i> exon 14 skipping	<i>MET</i>	TMB	MSI-H
<i>NTRK</i> fusion	dMMR	<i>RET</i> fusion	<i>KRAS</i>
<i>ERBB2</i> (HER2)	PD-1/PD-L1	MSI	

Step 2: Prepare Questions to Ask Your Doctor

Below are a few questions that can help you start a discussion about the Foundation Medicine tests with your doctor.

How is genomic testing different from other types of cancer testing?

Could comprehensive genomic profiling (CGP) be my next step?

What kind of information can the tests provide?

What is the testing process like?

How long does it take to get results?

Will CGP provide information on clinical trials that may be an option for me?

Should I consider participating in a clinical trial?

Step 3: Stay Informed

Foundation Medicine is committed to providing resources and sharing information about CGP to help you learn more about your cancer's genomic information and potential treatment options.

Read more at <https://www.foundationmedicine.com/patient/financial-support-resources>

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.F1CDxLabel.com.

FoundationOne®Liquid CDx is for prescription use only and is a qualitative next-generation sequencing based *in vitro* diagnostic test for advanced cancer patients with solid tumors. The test analyzes 324 genes utilizing circulating cell-free DNA and is FDA-approved to report short variants in 311 genes and as a companion diagnostic to identify patients who may benefit from treatment with specific therapies (listed in Table 1 of the Intended Use) 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. Patients being considered for eligibility for therapy based on detection of NTRK1/2/3 and ROS1 fusions should only be tested if tissue is unavailable. Patients who are negative for other companion diagnostic mutations should be reflexed to tumor tissue testing and mutation status confirmed using an FDA-approved tumor tissue test, if feasible. For the complete label, including companion diagnostic indications and complete risk information, please visit www.F1LCDxLabel.com.