## **AmerisourceBergen**

### IntrinsiQ Specialty Solutions

Precision Medicine Testing Recommendations For:

### General Solid Tumors/Thyroid CA that have mutation specific biomarker indications

**Testing Recommendations** 

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>Metastatic or unresectable solid tumor</li> <li>Advanced or metastatic thyroid cancer who require systemic therapy and are radioactive iodine-refractory</li> </ul>	<ul><li>Upon progression</li><li>Blood sample</li><li>Tissue when available</li></ul>	<ul> <li>Preferred:         <ul> <li>NGS for TMB and MSI testing</li> </ul> </li> <li>Emerging biomarkers:         <ul> <li>NRG1</li> </ul> </li> </ul>

#### **BRAF V600E Mutation**

**Testing Recommendations** 

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul><li>Treatment eligible</li><li>All Stage IV stage solid tumors</li></ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	■ Preferred: ○ BRAF V600E

#### **HER2 Overexpression**

Testing Recommendations

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>Early Breast Cancer</li> <li>Metastatic Breast Cancer</li> <li>Refractory metastatic cancers – gastric, CRC</li> <li>Lung HER2 mutation</li> </ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	<ul> <li>Preferred:         <ul> <li>HER2 amplification or overexpression</li> <li>HER2 mutation</li> </ul> </li> </ul>

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#### **IDH1 Mutation**

Testing Recommendations

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>AML</li> <li>Cholangiocarcinoma</li> </ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	■ Preferred: ○ IDH1 mutation

#### **NTRK Fusion**

**Testing Recommendations** 

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> </ul>	<ul> <li>At time of initial diagnosis</li> </ul>	<ul><li>Preferred:</li></ul>
<ul> <li>Metastatic or unresectable solid tumor</li> </ul>	<ul> <li>Recurrence</li> </ul>	o NGS
	<ul> <li>Tissue or liquid</li> </ul>	<ul><li>If unable to get NGS</li></ul>
		○ IHC, FISH and/or PCR

#### **RET**

**Testing Recommendations** 

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>RET Mutation         <ul> <li>Advanced medullary thyroid cancer</li> </ul> </li> <li>RET Fusion         <ul> <li>All Stage IV stage solid tumors</li> </ul> </li> </ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	■ Preferred:

#### **TMB**

**Testing Recommendations** 

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>TMB High         <ul> <li>All Stage IV stage solid tumors</li> </ul> </li> </ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	■ Preferred: ○ NGS

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#### dMMR

Testing recommendations

Who Should Be Tested	When & What Should Be Tested?	What Tests Should Be Considered?
<ul> <li>Treatment eligible</li> <li>MMR deficient         <ul> <li>All Stage IV stage solid tumors</li> </ul> </li> </ul>	<ul> <li>At time of initial diagnosis</li> <li>Recurrence</li> <li>Tissue or liquid</li> </ul>	■ Preferred: ○ IHC