



REPORT STATUS: Final PAGES: 1 of 2 **CLIENT ID: 97** AFIRMA REQ: R123

PATIENT REPORT

PHONE (555) 555-5555

Sample Patient Report

PATIENT INFORMATION

PATIENT: John Doe **DOB:** 01 Jan 1973 **GENDER:** M **LAB ID:** L123 MRN: M123

24 Sep 2019 **COLLECTION DATE**

University Hospital of Anytown **FACILITY NAME** 26 Sep 2019 **RECEIVED DATE** SUBMITTING PHYSICIAN Jane Demo

26 Sep 2019 REPORT DATE TREATING PHYSICIAN/CC PHONE ---

CLINICAL HISTORY: Suspicious Ultrasound Characteristics: Nodule A: Microcalcifications, Hypoechoic, Irregular margins, Intranodular vascularity, Solid: >95% solid

| RESULTS | | | | |
|--------------------------------------|--|--------------------|-----------------------------|--|
| Nodule: A 1.5 cm, Lower Right | | | | |
| AFIRMA GENOMIC SEQUENCING CLASSIFIER | AFIRMA XPRESSION ATLAS | | | |
| Suspicious | BRAF:p:V600E c. 1799T>A: Positive RET/PTC1, RET/PTC3: Not Detected | | | |
| MTC: Negative Parathyroid: Negative | Clinical Relevance | Risk of Malignancy | Associated Neoplasm Type | FDA Approved Therapy# |
| | Evidence of clinical significance in thyroid cancer | >95%11 | PTC | Only in Anaplastic Thyroid Carcinoma. See medication prescribing information for appropriate patient selection. |

RESULTS INTERPRETATION

The result of this 1.5 cm nodule A is Afirma GSC Suspicious and BRAF:p.V600E positive which suggests a risk of cancer of >95%.11 This genomic alteration is associated with PTC and a BRAF V600E-like profile, which includes a higher rate of lymph node metastases and extrathyroidal extension than alterations that are *RAS*-like, or Non-*BRAF*-Non-*RAS*-like. should be considered.

GROSS DESCRIPTION

Received one vial of FNAprotect, labeled with the Requisition Form # and patient initials.

E-SIGNED ON 26 Sep 2019 12:51 PM BY:

Robert J Monroe MD, PhD, Veracyte Inc. CLIA # 05D2014120 6000 Shoreline Ct, Suite 100, South San Francisco, CA 94080 Test Methodology: RNA Sequencing

CLIA#05D2014120, #45D2052137 CA License CLF340176, COS00800859 Lab Director: Robert J Monroe, MD, PhD A copy of this form shall be as valid as the original. C932.1.1910 © 2019 Veracyte, Inc. All rights reserved. The Veracyte and Afirma names and logos are trademarks of Veracyte, Inc. Afirma Thyroid FNA Analysis is used for clinical purposes and clinical correlation of its results are recommended. The Veracyte laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high-complexity clinical testing. This test has not been cleared or approved by the FDA.







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TEST PERFORMANCE

| Afirma GSC ^{1,5} | Cytopathology Diagnosis Indeterminate* |
|---|---|
| Risk of Malignancy: Afirma GSC Benign | ~4% |
| Risk of Malignancy: Afirma GSC Suspicious | ~50% |
| Sensitivity: | 91% |
| Specificity: | 68% |
| Limit of Detection [†] : | 5% |

| Sensitivity/Specificity | MTC ^{3,5} >99% / >99% | BRAF ^{‡,2,5,11} | RET/PTC ^{2,5,7,11} | Parathyroid ^{5,6} >99% / >99% |
|---------------------------------|--------------------------------|--------------------------|-----------------------------|---|
| PPA/NPA | | >99% / >99% | | |
| Confirmation Rate/NPA | | | >99% / >99% | |
| Risk of Malignancy | >99% | >95% | >95% | |
| Limit of Detection [†] | 20% | 5% | 10% | 15% |

| | | Afirma Xpression Atlas ^{7,8} (Afirma GSC suspicious, suspicious for malignancy, or malignant cytopathology) | | |
|---------------------------------|-----------------------------|--|-----------------|--|
| | BRAF V600E ^{‡,4,5} | Nucleotide Variant Panel** | Fusion Panel*** | |
| NPA | >99% | >99% | >99% | |
| PPA | >99% | 74% | 82% | |
| Confirmation Rate [§] | >98% | >98% | >99% | |
| Limit of Detection ¹ | 5% | 5% | 10% | |

References: 1. Patel KN, et al. JAMA Surg 2018. 2. Haugen BR, et al. Thyroid 2016. 3. Randolph G, et al. ATA 2017. 4. Angell TE, et al. ATA 2017. 5. Hao, et al. Frontiers in Endo 2019. 6. Sosa JA, et al. ATA 2017. 7. Angell, et al. Frontiers in Endo 2019. 8. Data on file. 9. TCGA Research Network. Cell 2014 10. Yoo, et al. PLoS Genetics 2016 11. Goldner, et al. Thyroid 2019. 12. Stack, et al. ATA 2019.

- * Indeterminate includes Atypia of Undetermined Significance / Follicular Lesion of Undetermined Significance and (suspicious for) Follicular Neoplasm / Hürthle Cell Neoplasm.
- [†] Analytical sensitivity studies demonstrated the test's ability to detect malignant cells in a background of benign cells.
- * BRAF classifier performance is based on a comparison to a castPCR DNA assay for the BRAF V600E mutation.
- ** Nucleotide variant performance, excluding BRAF V600E, is based on a comparison to a DNA AmpliSeq assay that measures variants using a 5% variant allele frequency threshold.
- *** Fusion performance is based on a comparison to an RNA AmpliSeq fusion assay and TaqMan assays.
- § Confirmation rate is the proportion of positive calls that are confirmed positive by the reference method.
- Analytical sensitivity studies demonstrate the test's ability to detect a positive variant in a background of wild type.
- # FDA approved therapies for thyroid cancer, both specific for genomic alterations and non-specific, may be found at https://www.cancer.gov/about-cancer/treatment/drugs/thyroid and https://www.cancer.gov/about-cancer/treatment/drugs/solid-tumors. See https://clinicaltrials.gov for potentially relevant clinical trials. Afirma XA is not a companion diagnostic and is not conclusive for any therapy.

Associated Neoplasm Type abbreviations – FA, Follicular Adenoma; FTC, Follicular Thyroid Carcinoma; FVPTC, Follicular Variant of Papillary Thyroid Carcinoma; NIFTP, Noninvasive Follicular Thyroid Neoplasm with Papillary-Like Nuclear Features; PTC, Papillary Thyroid Carcinoma.

This NGS assay cannot differentiate somatic and germline variants. Further testing and/or genetic counseling may be warranted depending on the patient's clinical findings, family history and/or variant identified.

Afirma Thyroid FNA Analysis is a diagnostic service provided by Veracyte, Inc. for the assessment of thyroid nodules that includes cytopathology and gene expression testing. Afirma GSC, *BRAF*, MTC and *RET/PTC* tests and their performance characteristics were determined by Veracyte. MTC is an RNA classifier that identifies the presence of medullary thyroid carcinoma (MTC); *BRAF* is a *BRAF* p. V600E, c. 1799T>A RNA classifier; *RET/PTC* is a gene expression marker of somatic rearrangements of the *RET* protooncogene (*RET/PTC*1 and *RET/PTC*3).

Afirma Xpression Atlas (XA) is a diagnostic service provided by Veracyte, Inc. Afirma XA sequences 511 genes to measure the presence or absence of 761 nucleotide variants and 130 fusion pairs. The performance characteristics were determined by Veracyte. Genomic coordinates or full list of genes and variants available upon request.

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