

Supplementary Materials

Tumor variant identification that accounts for the unique molecular landscape of pediatric malignancies

Supplemental Methods

Tumour samples. All tumour samples were retrospectively sourced from the Biobank at BC Children's Hospital (BCCH) following approval by the University of British Columbia Children's and Women's Research Ethics Board (REB #H17-01860).

Amplicon-based sequencing and variant determination. Extraction of DNA (RecoverAll, Thermo Fisher Scientific (TFS)) and RNA (Allprep, Qiagen), library preparation, and targeted sequencing on the Ion Chef and Ion Torrent S5 platforms followed manufacturer's protocols (TFS). OncoPrint Comprehensive Assay version 3 (OCAV3) includes 2,290 unique DNA-based amplicons to detect SNVs and CNVs as well as 867 RNA-based amplicons to detect unique fusions or structural variants. OncoPrint Childhood Cancer Research Assay (OCCRA) includes 2,031 unique DNA-based and 1,701 RNA-based amplicons. Detection sensitivities include: hotspot mutations (OCAV3: 99.2%; OCCRA: 99%), Indels (OCAV3: 96.9%; OCCRA: 100%), and fusions (OCAV3: 95.4%; OCCRA: 92.2% or 82.9% for blood or tissue samples) [1, 2]. Average read depth for DNA and RNA for both panels was approximately 9×10^6 - 12×10^6 and 8×10^5 - 1×10^6 , respectively.

SNVs, including those in pediatric cancer driver genes, non-driver genes, variants of undetermined significance and benign/likely benign variants, were retrieved with Ion Reporter software (version 5.2). Copy number (CN) measurements were retrieved with Ion Reporter software (version 5.2) for genes with >5 probes, including those that were validated for CN gains (Table S5). We noted frequent detection of homogenous loss for CDKN2A, which is not validated in either panel. To determine cut-offs for CN loss and CN gain that were verifiable by orthogonal clinical reports and/or whole genome sequencing, CN measurements for 14 genes captured by both panels were plotted and true positive calls for CN gains or losses were marked (Figure S2). A cut-off for loss at $CN < 1.1$ and a cut-off for gain at $CN > 3.5$ gave 35 abnormal CN calls in these 14 genes; 19 of those calls (7 gains, 12 losses) were verifiable by clinical reports and/or whole genome sequencing. For these 19 true positive calls, the OCCRA panel detected 18 of 19 (95%)(one false negative: sample 27 gave PDGFRA at $CN=3$) while OCAV3 panel detected 16 of 19 (80%)(three false negatives: sample 13 gave CDKN2A at $CN > 1.1$; sample 16 gave MYCN at $CN > 1.1$; sample 23 gave CDKN2AB at $CN > 1.1$)(Figure S2).

Archived and summarized whole genome sequencing data from the analysis of matched samples, when available, was provided by the Personalized Onco-Genomics program [3].

Data winnowing for pediatric cancer driver genes. Variants that were detected and filtered out of the analysis are tabulated in Table S2. These variants were filtered out when: (1) the variation occurred in genes not

considered to be driver genes for pediatric tumors (indicated by a *, Table S2); (2) the variant is of undetermined significance (indicated by a ‡, Table S2); or, (3) the variant is benign/likely benign (indicated by a ^, Table S2).

Variant – agent determination. Variant-agent pairs were determined using the Pediatric MATCH prioritization strategy [4]. Variant- agent pairs supported by clinical trials or case reports, including JAK1 variants with JAK/STAT inhibitors [5] and NUP214-ABL1 with tyrosine kinase inhibitors [6, 7], were also included.

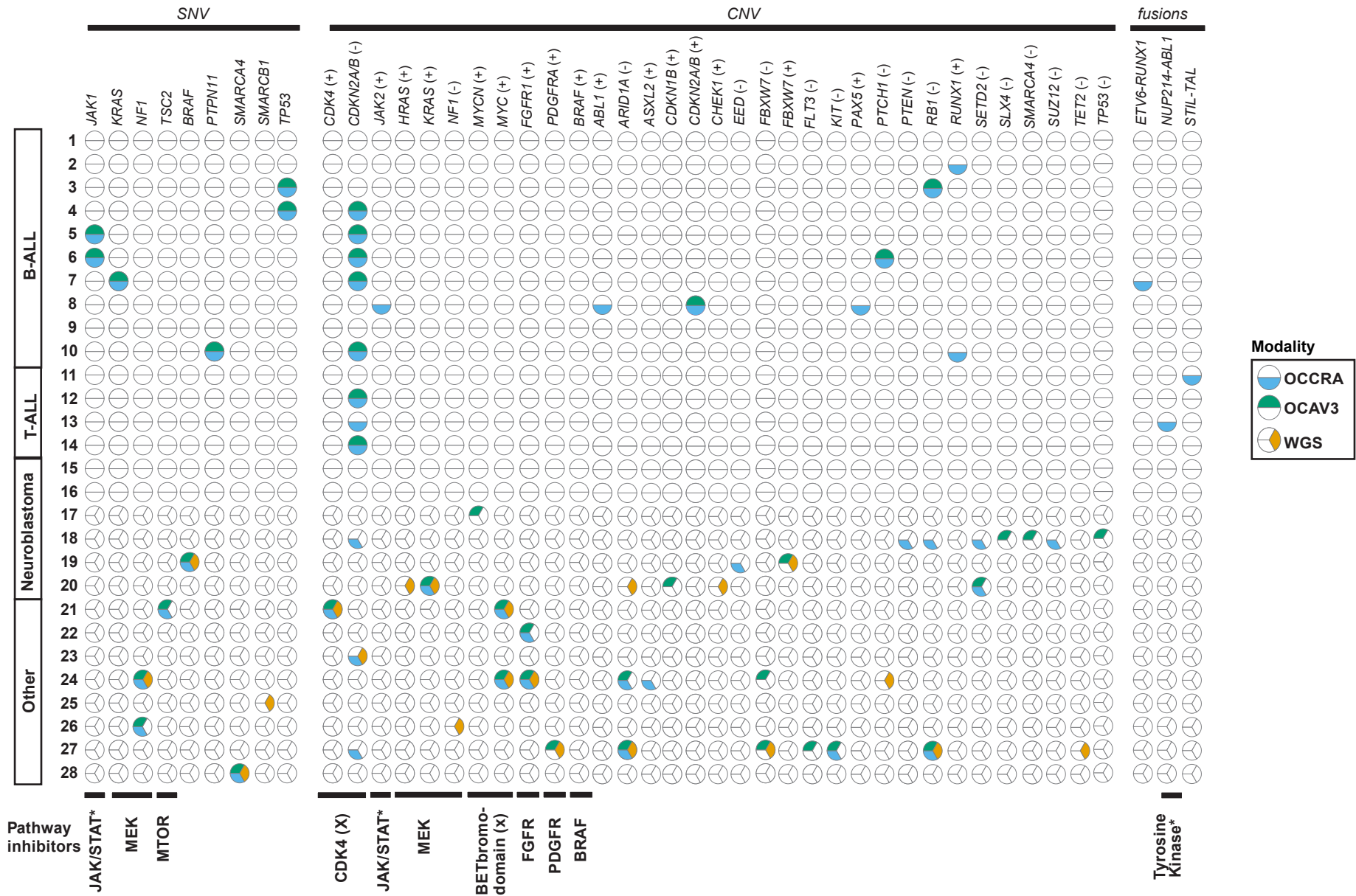


Figure S1. Comparison between whole genome or amplicon-based sequencing detection of pediatric cancer driver genes.

Single nucleotide variants (SNV), copy number variants (CNV) and fusions were assayed across 28 samples using amplicon-based sequencing and, for the final 12 samples, whole genome sequencing (WGS). The detection of a variant is indicated by a filled half- or semi-circle with the color corresponding to the modality that detected the variant. Using the strategy outlined by the Pediatric MATCH target-agent prioritization committee, target - inhibitor pairs were determined for each sample. Inhibitors to those pathways that were reviewed by the committee but are not currently included in Pediatric MATCH are designated with an (X). Agents that were not included for review by Pediatric MATCH are indicated by an asterisk.

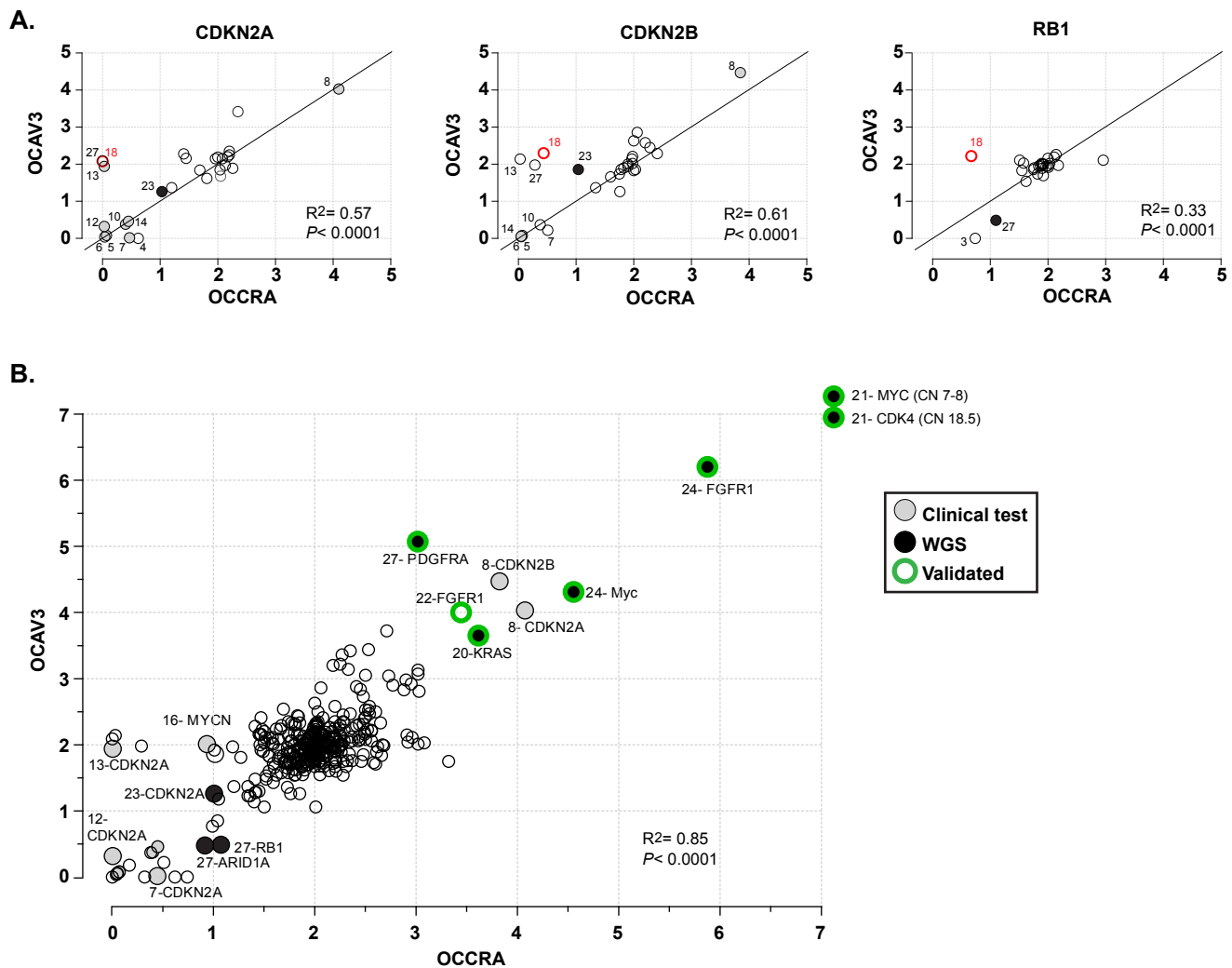


Figure S2. Congruent detection of copy number variation by amplicon-based sequencing.

A. Copy number measurements for indicated genes across 28 samples. Sample #18 (red), which had low tumor content (<20%), gave discordant measurements. Selected gene-sample measurements are highlighted as follows: gains/ losses that were also observed by whole genome sequencing (WGS) are indicated by black circles; gains/ losses that were annotated in clinical reports are indicated by grey circles.

B. Copy number measurements for those genes that are common between OCCRA and OCAV3 and contained >5 probes across 27 samples (n=378 measurements per panel). Data obtained from sample #18 is excluded. Selected gene-sample measurements are highlighted as follows: gene probes that were validated for amplification are circled in green; gains/ losses that were also observed by whole genome sequencing (WGS) are indicated by black circles; gains/ losses that were annotated in clinical reports are indicated by grey circles.

Supplemental Tables

Table S1: SNVs, CNVs, and fusions, filtered for pediatric cancer driver genes, are tabulated for amplicon-based (OCCRA or OCAV3) and whole genome sequencing (WGS). Clinical data was extracted for samples 1 – 16. Not available, N/A.

Sample	Patient	Cancer Type	Tumor content		SNVs (allele frequency)			CNVs (copy number)			Fusions (counts)	
			WGS	Panels	OCCRA	OCAv3	WGS	OCCRA	OCAv3	WGS	OCCRA	OCAv3
1	1	B-ALL	-	96	0	0	-	0	0	-	0	0
2	2	B-ALL	-	79	0	0	-	RUNX1 (4.35)	0	-	0	0
3	3- Diagnosis	B-ALL	-	83	TP53 (0.82) Arg248Gln	TP53 (0.79) Arg248Gln	-	RB1 (0.74) ^	RB1 (0) ^	-	0	0
4	3- Relapse2	B-ALL	-	67	TP53 (0.80) Arg248Gln	TP53 (0.82) Arg248Gln	-	CDKN2A (0.62) ^	CDKN2A (0) ^	-	0	0
5	4- Relapse2	B-ALL	-	96	JAK1 (0.48) Val658Phe	JAK1 (0.46) Val658Phe	-	CDKN2A (0.07) ‡, ^ CDKN2B (0.07) ^	CDKN2A (0.08) ‡, ^ CDKN2B (0.08) ^	-	0	0
6	4- Relapse5	B-ALL	-	90	JAK1 (0.98) Val658Phe	JAK1 (0.98) Val658Phe	-	CDKN2A (0.04) ^ CDKN2B (0.04) ^ PTCH1 (1.0) ^	CDKN2A (0.05) ^ CDKN2B (0.05) ^ PTCH1 (0.9) ^	-	0	0
7	5	B-ALL	-	92	KRAS (0.16) Gly12Ser	KRAS (0.19) Gly12Ser	-	CDKN2A(0.47) ‡, ^ CDKN2B (0.51) ^	CDKN2A(0.17) ‡, ^ CDKN2B (0.22) ^	-	ETV6- RUNX1 (922510)	0
8	6- Relapse1	B-ALL	-	N/A	0	0	-	JAK2 (4.00) ‡ CDKN2A(4.10) ‡, ^ CDKN2B (3.9) ‡, ^ PAX5(4.00) ‡ ABL1 ‡ (3.54)	CDKN2A(4.03) ‡, ^ CDKN2B (4.47) ‡, ^	-	0	0
9	7	B-ALL	-	97	0	0	-	0	0	-	0	0
10	8	B-ALL	-	90	PTPN11(0.37) Glu76Lys	PTPN11(0.38) Glu76Lys	-	CDKN2A(0.40) ‡, ^ CDKN2B (0.38) ^ RUNX1 (3.71)	CDKN2A(0.38) ‡, ^ CDKN2B (0.37) ^	-	0	0
11	9	T-ALL	-	90	0	0	-	0	0	-	STIL-TAL (5678)	0
12	10	T-ALL	-	81	0	0	-	CDKN2A(0.03) ‡, ^	CDKN2A(0.32) ‡, ^	-	0	0
13	11	T-ALL	-	96	0	0	-	CDKN2A ‡ (0.03) CDKN2B (0.03)	0	-	NUP214- ABL1 (12524)	0
14	12	T-ALL	-	83	0	0	-	CDKN2A ‡, ^ (0.45) CDKN2B ‡, ^ (0.05)	CDKN2A ‡, ^ (0.46) CDKN2B ‡, ^ (0.06)	-	0	0
15	13	Neuroblastoma	-	N/A	0	0	-	0	0	-	0	0
16	14	Neuroblastoma	-	N/A	0	0	-	0	0	-	0	0
17	15	Neuroblastoma	80%	N/A	0	0	0	0	MYCN ‡ (3.7)	0	0	0
18	16	Neuroblastoma	41%	23%	0	0	0	CDKN2A (0) CDKN2B (0.44) PTEN (0.53) RB1 (0.67) SETD2 (0.67) SUZ12 (0.53)	SLX4 (0.84) TP53(0.53) SMARCA4 (1.07)	0	0	0

19	17-Relapse5	Neuroblastoma	90%	58%	BRAF (0.54) Gly469Ala	BRAF (0.56) Gly469Ala	BRAF Gly469Ala	EED (0.45)	FBXW7 [^] (3.5)	FBXW7 [^] (gain)	0	0
20	18-Relapse1	Neuroblastoma	45%	43%	0	0	0	SETD2 [^] (0.33) KRAS ^{†^} (3.7)	SETD2 [^] (0) CDKN1B (3.57) KRAS ^{†^} (3.7)	CHEK1 (Gain) KRAS (Gain) HRAS (Gain) ARID1A (Loss)	0	0
21	19	Osteosarcoma	78%	95%	TSC2 (0.63) Tyr190Ter	TSC2 (0.67) Tyr190Ter	0	CDK4 ^{†^} (15.3) MYC ^{†^} (7.16)	CDK4 ^{†^} (18.68) MYC ^{†^} (8.27)	CDK4 ^{†^} MYC ^{†^}	0	0
22	20	Astrocytoma	41%	80%	0	0	0	FGFR1 ^{†^} (3.5)	FGFR1 ^{†^} (4.0)	0	0	0
23	21	Glioblastoma	58%	20%	0	0	0	CDKN2A [^] (1.0) CDKN2B [^] (1.0)	0	CDKN2A (loss) [^] CDKN2B (loss) [^]	0	0
24	22-Relapse1	Rhabdomyosarcoma	98%	70%	NF1 (0.44) Glu318fs	NF1 (0.44) Glu318fs	NF1 Glu318Lysfs	ARID1A [^] (0.17) FGFR1 ^{†^} (5.91) MYC [^] (4.59) ASXL2 (3.65)	ARID1A [^] (0.19) FBXW7 (0.33) FGFR1 ^{†^} (6.29) MYC ³ (4.31)	FGFR1 ^{†^} (Gain) MYC [^] (Gain) PTCH1 (Loss)	0	0
25	23	Rhabdoid (kidney)	23%	43%	0	0	SMARCB1 Glu300Aspfs	0	0	0	0	0
26	24-Relapse1	Neurofibroma	35%	60%	NF1 (0.59) Arg2637Ter	NF1 (0.55) Arg2637Ter	0	0	0	NF1 (loss)	0	0
27	25	Glioblastoma	88%	63%	0	0	0	ARID1A [^] (0.95) CDKN2A (0) CDKN2B (0.29) KIT [^] (0.99) RB1 [^] (1.10)	ARID1A [^] (0.48) FBXW7 [^] (0.64) FLT3 (0.88) KIT [^] (0.77) PDGFRA ^{†^} (5.07) RB1 [^] (0.50)	ARID1A [^] (loss) FBXW7 [^] (loss) PDGFRA [^] (gain) RB1 [^] (loss) TET2 (loss)	0	0
28	26	Rhabdoid (kidney)	76%	65%	SMARCA4 (0.38) Gln144Ter	SMARCA4 (0.39) Gln144Ter	SMARCA4 Gln144Ter	0	0	0	0	0

* variants detected with probes validated for CNV

† variants confirmed by clinical tests

^ variants detected by >1 modality

Table S2: Summary of filtered out SNVs, CNVs, and fusions for amplicon-based (OCCRA or OCAV3) and whole genome sequencing (WGS). Not available, N/A.

Sample	Patient	Cancer Type	Tumor content		SNVs (allele frequency)			CNVs (copy number)			Fusions (counts)	
			WGS	Panels	OCCRA	OCAv3	WGS	OCCRA	OCAv3	WGS	OCCRA	OCAv3
1	1	B-ALL	-	96	0	ATM [^] (0.48) Asp1853Asn	N/A	0	0	-	0	0
2	2	B-ALL	-	79	0	ATM [^] (0.49) Asp1853Asn	N/A	0	0	-	0	0
3	3- Diagnosis	B-ALL	-	83	0	0	N/A	0	0	-	0	0
4	3- Relapse2	B-ALL	-	67	0	0	N/A	0	0	-	0	0
5	4- Relapse2	B-ALL	-	96	0	SETD2 [‡] (0.49) Tyr1481Ter	N/A	0	0	-	0	0
6	4- Relapse5	B-ALL	-	90	0	SETD2 [‡] (0.53) Tyr1481Ter	N/A	0	0	-	0	0
7	5	B-ALL	-	92	0	0	N/A	0	0	-	0	0
8	6- Relapse1	B-ALL	-	N/A	0	0	N/A	0	0	-	0	0
9	7	B-ALL	-	97	0	0	N/A	0	0	-	0	0
10	8	B-ALL	-	90	0	ATM [^] (0.46) Asp1853Asn	N/A	0	0	-	0	0
11	9	T-ALL	-	90	0	0	N/A	0	0	-	0	0
12	10	T-ALL	-	81	FBXW7 [^] (0.04) Arg465His	FBXW7 [^] (0.04) Arg465His	N/A	0	0	-	0	0
13	11	T-ALL	-	96	0	SLX4 [‡] (0.53) Gln1632fs	N/A	CRLF1 ⁺ (0.93)	0	-	0	0
14	12	T-ALL	-	83	0	0	N/A	0	0	-	0	0
15	13	Neuroblastoma	-	N/A	0	0	N/A	0	0	-	0	0
16	14	Neuroblastoma	-	N/A	0	KIT [^] (0.49) Met541Leu	N/A	ABL2 ⁺ (4.01) MYCN [‡] (0.96)	0	-	0	0
17	15	Neuroblastoma	80%	N/A	0	0	0	ERBB2 ⁺ (4.86)	CDK12 ⁺ (4.0) ERBB2 ⁺ (4.32) RNF43 ⁺ (4.14) RAD51C ⁺ (4.04)	0	0	0
18	16	Neuroblastoma	41%	23%	0	SLX4 [‡] (0.53) Gln1632fs	0	KRAS [‡] (1.02) MYCN [‡] (0.93)	0	0	0	0
19	17- Relapse5	Neuroblastoma	90%	58%	0	ATM ⁺ (0.79) Arg337His	PIK3CA [‡] Gly12Asp NOTCH1 [‡] Thr194Pro	CCND1 ⁺ (11.60)	CCND1 ⁺ (9.47) FGF3 ⁺ (8.38) FGF19 ⁺ (8.56)	CCND1 ⁺ (gain) AURKA ⁺ (gain) SMAD4 ⁺ (gain) ERBB2 ⁺ (gain) LRP1B ⁺ (gain) CDK6 ⁺ (gain) INPP4B ⁺ (gain)	0	0
20	18- Relapse1	Neuroblastoma	45%	43%	0	MET ⁺ (0.51) Glu168Asp	ROS1 [‡] Ile1530Thr	CCND1 ⁺ (7.76)	CCND1 ⁺ (6.47) FGF3 ⁺ (6.02)	SFPQ ⁺ (loss) MLH1 ⁺ (loss) CLSPN ⁺ (loss)	0	0

										XPC[*] (loss) CUL5[*] (loss) FANCD2[*] (loss) ATM[*] (loss) MUTYH[*] (loss) CCND1/2 (gain) FGF3/4[*] (gain) ETV4[*] (gain) GNAS[*] (gain) NTRK1[*] (gain) MDM4[*] (gain)		
21	19	Osteosarcoma	78%	95%	0	0	0	GLI1[*] (15.3)	0	CCNE1[*] (gain) DMD[*] (loss) LSAMP[*] (loss)	0	0
22	20	Astrocytoma	41%	80%	0	0	0	ABL2[*] (5.35) FASLG[*] (5.29) MDM4[*] (5.21)	DDR2[*] (5.39) MDM4[*] (4.14) NTRK1[*] (4.16)	MCL1[*] (gain) MDM4[*] (gain)	0	0
23	21	Glioblastoma	58%	20%	0	0	0	0	0	0	0	0
24	22-Relapse1	Rhabdomyosarcoma	98%	70%	PPM1D[*] (0.55) Glu525Ter	0	POLQ[*] Q2556Hfs	AKT1[*] (0.87) ARID1B[*] (0.24) CHD7[*] (5.71) MTOR[*] (0.84) KRAS[‡] (1.05)	NBN[*] (5.47) RAD51B[*] (0.86) KRAS[‡] (0.9)	0	0	0
25	23	Rhabdoid (kidney)	23%	43%	0	0	SMARCB1[‡] Glu300Aspfs	0	0	0	0	0
26	24-Relapse1	Neurofibroma	35%	60%	0	0	PRSS3^{*‡} Arg255Gly ACSM5^{*‡} Asp400Asn	0	0	0	0	0
27	25	Glioblastoma	88%	63%	0	PALB2^{*‡} (0.43) Arg170fs	0	0	0	FUBP1[*] (loss) FAT1[*] (loss) SDHB[*] (loss) CDKN2C[*] (loss) ERCC5[*] (loss) ING1[*] (loss) NFKB1[*] (loss) MUTYH[*] (loss) BRCA2[*] (loss) ATK3[*] (gain) ABL2[*] (gain)	0	0
28	26	Rhabdoid (kidney)	76%	65%	TET2[*] (0.45) Val1718Leu	0	0	0	0	0	0	0

* variants in genes that are not frequently mutated in pediatric cancers

‡ variants of undetermined significance

^ benign/likely benign variants

Table S3: 151 pediatric driver genes. List derived from 77 significantly mutated genes [8] and the top 100 recurrently mutated genes in pediatric tumors [9] cross-referenced to remove duplicates.

AADA4	CBFB	EP300	JAK2	NIPBL	PTPRD	STAG2	WDR64
ABL1	CBL	ERG	JAK3	NKX2-1	RAG1	STAT5B	WHSC1
ACVR1	CCND3	ETV6	KBTBD4	NOCR1	RB1	SUFU	WT1
ADD3	CDKN1B	FAT2	KDM68	NOTCH1	RHOA	SUZ12	WZH2
ALK	CDKN2A	FBN2	KDM6A	NOTCH2	ROS1	TAL1	XBP1
ARID1A	CDKN2B	FBXO11	KIT	NPM1	RPL10	TBL1RX1	ZEB2
ARID2	CDK4	FBXW7	KMT2A	NRAS	RPL22	TBR1	ZFP36L2
ASXL	CEBPA	FGFR1	KMT2C	NUP98	RUNX1	TCF3	ZIC1
ASXL2	CHD4	FLG	KMT2D	P2RY8	SELP	TCF7	ZMYM3
ATF7IP	COL1A1	FLT3	KRAS	PAX5	SETD2	TERT	ZNF217
ATRX	CREBBP	FMR1	LAPTM4B	PCBP1	SF3B1	TET2	ZNF384
BCL11B	CRLF2	GATA2	LEF1	PDGFRA	SH2B3	TFAP4	
BCOR	CTCF	H3F3A	LMO2	PHF6	SHANK2	TLX1	
BCORL1	CTNNB1	HDAC2	MED12	PIK3CA	SI	TLX3	
BCR	DDX3X	HIST1H3B	MGA	PIK3R1	SIRPA	TOX	
BPIFB1	DGCR8	ID3	MLLT10	PTCH1	SIX1	TP53	
BRAF	DNM2	IDH1	MYB	PTCHD4	SMARCA4	UBA2	
BTG1	DROSHA	IKZF1	MYC	PTEN	SMARCB1	USP7	
C10orf112	EBF1	IL7R	MYCN	PTPN11	SMG8	USP9X	
CARD11	EED	JAK1	NF1	PTPN2	SMO	WAC	

Table S5: Genes with >5 probes filtered by pediatric cancer driving genes. Copy number (CN) results for the 14 highlighted genes were used to optimize the definition of CN loss (<1.1) and CN gain (>3.5). Genes validated by the manufacturer to detect copy number gain indicated by an asterisk.

OCCRA			OCAV3		
ABL1	ACVR1	ALK*	ALK*	ARID1A	BRAF*
ARID1A	ASXL2	BRAF*	CCND3*	CDK4*	CDKN1B
CBL	CDK4*	CDKN2A	CDKN2A*	CDKN2B*	EP300
CDKN2B	CEBPA	CREBBP	FBXW7	FGFR1*	FLT3*
CTNNB1	EBF1	EED	KIT*	KRAS*	MYC*
FGFR1*	GATA2	IKZF1	MYCN*	NF1	NOTCH1
JAK1*	JAK2*	JAK3*	NOTCH2	PDGFRA*	PIK3CA*
KIT*	KMT2D	KRAS*	PIK3R1	PTCH1	PTEN
MYC*	MYCN*	NF1	RB1	ROS1	SETD2
PAX5	PDGFRA*	PIK3CA	SLX4	SMARCA4	SMARCB1
PIK3R1*	PTCH1	PTEN	SMO	TERT	TP53
RB1	RUNX1	SETD2	WHSC1		
SMARCA4	SMARCB1	SUFU			
SUZ12	TCF3	TET2			
TP53	USP7	WHSC1			
WT1					

Table S6: Target and agent pairs identified for each patient sample.

Sample	Patient	OCCRA		OCAV3		WGS	
		Target	Agent	Target	Agent	Target	Agent
1	1	0	N/A	0	N/A	N/A	N/A
2	2	0	N/A	0	N/A	N/A	N/A
3	3-Diagnosis	0	0	0	0	N/A	N/A
4	3-Relapse2	CDKN2A loss ^[10]	CDK4/6 inhibitors ‡	CDKN2A loss ^[10]	CDK4/6 inhibitors ‡	N/A	N/A
5	4-Relapse2	JAK1 ^[11] CDKN2A/B loss ^[10]	JAK/STAT inhibitors [^] CDK4/6 inhibitors ‡	JAK1 ^[11] CDKN2A/B loss ^[10]	JAK/STAT inhibitors [^] CDK4/6 inhibitors ‡	N/A	N/A
6	4-Relapse5	JAK1 ^[11] CDKN2A/B loss ^[10]	JAK/STAT inhibitors [^] CDK4/6 inhibitors ‡	JAK1 ^[11] CDKN2A/B loss ^[10]	JAK/STAT inhibitors [^] CDK4/6 inhibitors ‡	N/A	N/A
7	5	KRAS ^[12] CDKN2A/B loss ^[10]	MEK inhibitors * CDK4/6 inhibitors ‡	KRAS ^[12] CDKN2A/B loss ^[10]	MEK inhibitors * CDK4/6 inhibitors ‡	N/A	N/A
8	6-Relapse1	JAK2 amp ^[11]	JAK/STAT inhibitors [^]	0	N/A	N/A	N/A
9	7	0	N/A	0	N/A	N/A	N/A
10	8	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	N/A	N/A
11	9	0	N/A	0	N/A	N/A	N/A
12	10	CDKN2A loss ^[10]	CDK4/6 inhibitors ‡	CDKN2A loss ^[10]	CDK4/6 inhibitors ‡	N/A	N/A
13	11	CDKN2A/B loss ^[10] NUP214-ABL1 ^[13]	CDK4/6 inhibitors ‡ Tyrosine Kinase inh [^]	0	N/A	N/A	N/A
14	12	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	N/A	N/A
15	13	0	N/A	0	N/A	N/A	N/A
16	14	0	N/A	0	N/A	N/A	N/A
17	15	0	N/A	MYCN amp ^[14]	BET inhibitors ‡	0	N/A
18	16	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	0	N/A	0	N/A
19	17-Relapse5	BRAF ^[15]	BRAF inhibitors *	BRAF ^[15]	BRAF inhibitors *	BRAF ^[15]	BRAF inhibitors *
20	18-Relapse1	KRAS amp ^[12]	MEK inhibitors *	KRAS amp ^[12]	MEK inhibitors *	KRAS amp ^[12] HRAS amp ^[16]	MEK inhibitors *
21	19	TSC2 ^[17] CDK4 amp ^[18] MYC amp ^[19]	MTOR inhibitors * CDK4/6 inhibitors ‡ BET inhibitors ‡	TSC2 ^[17] CDK4 amp ^[18] MYC amp ^[19]	MTOR inhibitors * CDK4/6 inhibitors ‡ BET inhibitors ‡	CDK4 amp ^[18] MYC amp ^[19]	CDK4/6 inhibitors ‡ BET inhibitors ‡
22	20	FGFR1 amp ^[20]	FGFR inhibitors *	FGFR1 amp ^[20]	FGFR inhibitors *	0	N/A
23	21	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	0	N/A	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡
24	22-Relapse1	NF1 ^[21] FGFR1 amp ^[20] MYC amp ^[19]	MEK inhibitors * FGFR inhibitors * BET inhibitors ‡	NF1 ^[21] FGFR1 amp ^[20] MYC amp ^[19]	MEK inhibitors * FGFR inhibitors * BET inhibitors ‡	NF1 loss ^[21] FGFR1 amp ^[20] MYC amp ^[19]	MEK inhibitors * FGFR inhibitors * BET inhibitors ‡
25	23	0	N/A	0	N/A	0	N/A
26	24-Relapse1	NF1 ^[21]	MEK inhibitors*	NF1 ^[21]	MEK inhibitors*	NF1 loss ^[21]	MEK inhibitors*
27	25	CDKN2A/B loss ^[10]	CDK4/6 inhibitors ‡	PDGFRA amp ^[22]	PDGFRA inhibitors*	PDGFRA amp ^[22]	PDGFRA inhibitors*
28	26	0	N/A	0	N/A		

* agents reviewed by the target-agent prioritization (TAP) committee and included in Pediatric MATCH trial

‡ agents that were reviewed by the TAP committee for Pediatric MATCH and are not included in the trial

^ agents that were supported by clinical trials or case reports.

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