Your child's tumor is unique. Treat it that way.

No two tumors are the same. In fact, they vary greatly among patients with the same diagnosis. Many times, your child's solid tumor may share characteristics with other types of cancer – cancers that may have different targets and different treatments.

The **IN:Formation Project** uses advanced genomic sequencing to reveal the mechanics, drivers, and targets in your child's unique tumor. When you participate, this information doesn't just sit in a research database, it can be actively used to **find an alternative treatment option for your child**, should they need it.

Instead of treating cancer by its name, treat it by its nature.

Participating in the IN:Formation Project will:

- Provide you and your physicians the **most complete tumor information** through a collaboration with Sema4 Genomics.
- Gain access to a **molecular tumor board** who can synthesize powerful insights to **help personalize your child's treatment.**
- Contribute to advancements in **less-toxic, more precise, and more effective treatments** for solid tumor cancers.

BEAT CHILDHOOD CANCER FOUNDATION

IN:FORMATION PROJECT

Get IN:Formation

This program is available to all solid-tumor pediatric patients.

Accepting newly-diagnosed, relapsed, and refractory patients.

Available at home via remote second opinion.

Biopsy tissue is precious. Choose a partner that can benefit your child directly.

Requirements:

- A specific type of biopsy sample
- Blood or saliva sample
- Official pathology reports
- Signed consent

Better options begin with smarter sequencing.
Learn more, now!

Speak with your child's oncologist about participation in the Beat Childhood Cancer IN:Formation Project.

Contact Abigail Moore at
Abigail.Moore@atriumhealth.org

www.beatcc.org/information

Frequently Asked Questions

My child has already had sequencing done, how is this different?

Most tumor sequencing only looks at DNA from a smaller subset of genes pulled from adult cancers.The Whole Exome/Whole Transcriptome testing through the IN:Formation Project looks at DNA and RNA in 18,500+ genes and the medical team will provide a deeper dive into options than a typical commercial report.

What samples are needed for the Whole Exome/Whole Transcriptome (DNA/RNA) testing?

The testing is a paired tumor and normal test, so the following is needed:

- Tumor = Prefer Flash Frozen Tissue; Archived Tumor Blocks are also accepted
- Normal = Blood Sample OR Saliva Sample OR Buccal Swab
- Will also need the associated Pathology Reports and Separate Consents

Does my child need to travel to Atrium Health or a BCC site for testing?

Options for Enrollment and Intake:

1. Visit a BeatCC site offering the trial: BeatCC.org/information
2. Remote Second Opinion: In consultation with your home care team, as much care as possible can be coordinated at your home hospital, but a remote second opinion with the Beat Childhood Cancer Consortium team must be completed. This process has a $500 hospital fee and eliminates the need for travel.

Biopsy tissue can be collected by your home team and will be directed according to the IN:Formation Project study guidelines. The amount of ongoing travel will depend on your home care hospital's ability to deliver treatment. Each patient's care plan is individualized regardless of location.

How long does it take for Whole Exome/Whole Transcriptome (DNA/RNA) testing results?

The average time is 14-21 days after the Tumor, Normal Sample, and Path Report are received

Can samples be collected mid-treatment? During a planned surgery, for example?

A patient can submit a sample for genomic sequencing at any point during their treatment (ex. diagnosis, surgery in real time, or from a past surgery where tissue is available.) Fresh Tumor Tissue (flash frozen samples not placed in formalin) are better for analysis, but archived tissue blocks/slides are also accepted.

Can you provide an example of how my child could benefit from this program?

Example 1: A 10 year old diagnosed with high-risk Ewing Sarcoma has a biopsy at initial diagnosis. Participation in the IN:Formation Project shows a high expression of HDAC2 compared to normal tissue. The molecular tumor board recommends adding an oral HDAC2-inhibitor already approved to treat other cancers as a form of upfront and/or maintenance therapy knowing the patient is at high-risk for relapse.

Example 2: A 13 year old with multiple-relapsed neuroblastoma was sequenced as part of the IN:Formation Project. Though the patient did not have an ALK mutation visible on DNA sequencing, RNA sequencing did reveal an overexpression of ALK. Patient was started on an ALK inhibitor in combination with relapse protocols and other molecular targeted agents to provide a customized treatment plan.

Are there any added risks with combining multiple agents that are not approved for pediatric patients?

All of the drugs recommended by the molecular tumor board are FDA approved medications. A licensed pharmacist participates in the molecular tumor board to provide insight on drug interactions and monitoring assessments needed for patient information and safety.

More questions? Contact the Program Manager Abigail.Moore@atriumhealth.org or visit BeatCC.org/information

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