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 child's physicians the **most complete tumor information** with comprehensive genomic insights.
- 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.

Enrollment available at one of several sites nationwide.

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

Requirements:

- **A specific type of biopsy sample**
- **Official pathology reports**
- **Signed consent**
- **Future requirement may include blood sample(s)**

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
amoore13@pennstatehealth.psu.edu

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 20,000+ 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 = available from previous or most recent biopsy
- Will also need the associated Pathology Reports and Separate Consents
- Future requirement may include blood sample(s)

Does my child need to travel to enroll?

Options for Enrollment and Intake:

1. Visit a BeatCC site offering the trial: BeatCC.org/information
2. Second Opinion Consultation: In cooperation with your home care team, as much care as possible will be coordinated, but a consultation with the Beat Childhood Cancer Research Consortium will be required. A 2nd consultation may be warranted based on patient, results, and physician review. A family will be advised after reaching out to the Beat Childhood Cancer Research Consortium team: research.beatcc.org/contact

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 and Pathology 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 (For example: diagnosis, surgery in real time, or from a past surgery where tissue is available.)

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 amoore13@pennstatehealth.psu.edu visit BeatCC.org/information

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