PRIMO EMENDAMENTO **AL CONTRATTO PER LA CONDUZIONE DELLA SPERIMENTAZIONE CLINICA SU MEDICINALI**	**FIRST AMENDMENT** **TO** **THE AGREEMENT FOR THE CONDUCT OF THE CLINICAL INVESTIGATION ON MEDICAL PRODUCTS**
Questo PRIMO EMENDAMENTO AL CONTRATTO PER LA CONDUZIONE DELLA SPERIMENTAZIONE CLINICA SU MEDICINALI ("**Emendamento**") è efficace a partire dalla data dell'ultima firma (la "**Data di efficacia dell'Emendamento**") da e tra: 1. **Revolution Medicines, Inc.** con sede legale in 700 Saginaw Drive, Redwood City, CA 94063, USA (di seguito denominata "**Promotore**"), rappresentata da PPD Investigator Services LLC, 929 North Front St, Wilmington, NC 28401, USA e PPD Global Ltd, Granta Park, Great Abington, Cambridge CB21 6GQ, Regno Unito, che agisce come organizzazione di ricerca a contratto indipendente insieme alle sue affiliate cliniche e uffici, inclusi, a titolo esemplificativo ma non esaustivo, PPD Italy S.r.l. con sede principale presso Segreen Business Park, Via San Bovio, 3 San Felice, 20054 Segrate (Milano) (di seguito collettivamente denominati "CRO") ai	This FIRST AMENDMENT TO CLINICAL TRIAL AGREEMENT FOR THE CONDUCT OF THE CLINICAL INVESTIGATION ON MEDICAL PRODUCTS ("**Amendment**") is effective as of the date of last signature (the "**Amendment Effective Date**") by and between: 1. **Revolution Medicines, Inc.** with a place of business at 700 Saginaw Drive, Redwood City, CA 94063, USA (hereinafter referred to as "**Sponsor**"), represented by PPD Investigator Services LLC, 929 North Front St, Wilmington, NC 28401, USA and PPD Global Ltd, Granta Park, Great Abington, Cambridge CB21 6GQ, UK, acting as an independent contract research organization together with its clinical affiliates and offices, including but not limited to, PPD Italy S.r.l. with its principal place of business at Segreen Business Park, Via San Bovio, 3 San Felice, 20054 Segrate (Milan) (hereinafter collectively referred to as "CRO") for the

fini della sottoscrizione del presente Emendamento per conto dello Sponsor, e	purposes of signing this Amendment on behalf of Sponsor, and
2. **Azienda Ospedaliero-Universitaria San Luigi Gonzaga di Orbassano** (d'ora innanzi denominata "**Ente**"), con sede legale in Orbassano, Regione Gonzole, 10 C.F. 95501020010 e P. IVA n 02698540016, in persona del Legale Rappresentante, Dott. Davide Minniti, in qualità di Direttore Generale	2. **Azienda Ospedaliero-Universitaria San Luigi Gonzaga di Orbassano** (hereinafter the "**Institution**"), headquartered in Orbassano, Regione Gonzole, 10, tax code 95501020010 and VAT no. 02698540016, through its Legal Representative, Dr. Davide Minniti, in the capacity of General Director
3. **Università degli Studi di Torino**, Dipartimento di Oncologia (d'ora innanzi denominata "**Università**"), C.F. 80088230018, P.IVA. 02099550010, con sede legale a Torino in Via Verdi 8 e sede amministrativa a Orbassano in Regione Gonzole 10, rappresentato da: - Prof. Cristian Fiori – Direttore del dipartimento, individuato ai sensi dell'art. 66 – comma 2 del "Regolamento di Amministrazione, Finanza e Contabilità", emanato con Decreto Rettorale n. 3106 del 26/09/2017 - Dott.ssa Antonella Trombetta - Direttrice del	3. **Università degli Studi di Torino**, Dipartimento di Oncologia (hereinafter the "**University**"), tax code 80088230018 and VAT no. 02099550010, with headquarter in Torino, Via Verdi 8 and administrative headquarter in Orbassano, Regione Gonzole 10, represented by: - Prof. Cristian Fiori – Director of the department, identified pursuant to art. 66 – paragraph 2 of "Administration, Finance and Accounting Regulations", issued with Rectoral Decree no. 3106 of 09/26/2017 - Dr. Antonella Trombetta - Administrative Director of the Medicine Hub , within her

Polo di Medicina, per quanto di competenza e per quanto previsto dagli artt. 29 comma 1 e 66 comma 1 del Regolamento di Amministrazione, Finanza e Contabilità emanato con Decreto Rettorale n. 3106 del 26/09/2017 che dispone in ordine alla capacità negoziale e alla stipulazione del contratto, entrambi domiciliati, ai fini del presente atto, presso la sede del Dipartimento di Oncologia.	jurisdiction and as provided for by the articles. 29 paragraph 1 and 66 paragraph 1 of the Administration, Finance and Accounting Regulations issued with Rectoral Decree no. 3106 of 26th Sep 2017 which provides for the negotiation capacity and stipulation of the contract, both domiciled, for the purposes of this document, at the headquarters of the Department of Oncology.
PREMESSO CHE, il Promotore, l'Ente e l'Università hanno stipulato un Contratto per la conduzione della Sperimentazione Clinica su Medicinali con data di efficacia 11 novembre 2024 (il "**Contratto**") in relazione alla sperimentazione clinica del Promotore con codice di protocollo RMC-LUNG-101, incluso il Sottoprotocollo A (il "**Protocollo**"): "Studio piattaforma di combinazioni di inibitori di RAS(ON) in pazienti affetti da carcinoma polmonare non a piccole cellule (NSCLC) RAS-mutato" / Sottoprotocollo A "Studio di fase 1b/2, in aperto, multicentrico di RMC-6291 in combinazione con pembrolizumab con o senza chemioterapia, in pazienti affetti da tumori solidi KRAS G12C-mutati – Sotto-Protocollo A" (la "**Sperimentazione**" o "**Studio**")	WHEREAS, Sponsor, Institution and University entered into an Agreement for the Conduct of the Investigation on Medical Products with an effective date of 11 November 2024 (the "**Agreement**") in connection with Sponsor's clinical trial according to Sponsor's protocol number RMC-LUNG-101, including Subprotocol A (the "**Protocol**") entitled "A Platform Study of RAS(ON) Inhibitor Combinations in Participants with RAS-Mutated Non-Small Cell Lung Cancer (NSCLC)" / Subprotocol A "A Phase 1b/2 Open-Label, Multicenter Study of RMC-6291 in Combination with Pembrolizumab with or without Chemotherapy, in Patients with KRASG12C-Mutated Solid Tumors – Subprotocol A" (the "**Trial**" or "**Study**"), being conducted under the direction of Prof. Silvia Novello ("Principal Investigator").

condotta sotto la direzione della Prof.ssa Silvia Novello ("Sperimentatore principale").	
PREMESSO CHE, le Parti desiderano modificare il Contratto, come ulteriormente descritto nel presente documento, in ragione delle modifiche al budget introdotte dall'emendamento 5 al Protocollo versione 6.0 del 16 settembre 2024 ("**Emendamento al Protocollo**").	WHEREAS, the Parties desire to amend the Agreement as further described herein, due to the modifications to the existing budget introduced by the Study Protocol amendment 5, version 6.0, dated 16 September 2024 ("**Protocol Amendment**").
PREMESSO CHE:	WHEREAS THAT:
1. L'Emendamento al Protocollo è stato approvato tramite Provvedimento AIFA EU CT 2023-509571-16-00 ID SM-2 38685, caricato sul portale UE di cui all'art. 80 del Regolamento, in data 17 febbraio 2025, che include il parere emesso dal Comitato Etico Territoriale Lombardia 4 del 20 novembre 2024; 2. l'Ente ha approvato il presente Emendamento con deliberazione n. del ___ 3. il Consiglio del Dipartimento di Oncologia dell'Università degli Studi di Torino ha autorizzato la stipula del presente Emendamento in data 26 marzo 2025 e successivamente, in seguito alla richiesta di ulteriori modifiche, in data 20/05/2026.	1. The Protocol Amendment was approved through AIFA Provision EU CT 2023-509571-16-00 ID SM-2 38685, uploaded to the EU portal referred to in Article 80 of the Regulation, on 17 February 2025, which includes the opinion issued by the Lombardy 4 Territorial Ethics Committee on 20 November 2024; 2. the Institution has approved this Amendment with Resolution no. of ___ 3. the Council of the Department of Oncology of the University of Turin has authorized the stipulation of this Amendment on 26 March 2025 and subsequently, following the request for further changes, on 20/05/2026.

ORA, PERTANTO, in considerazione degli accordi reciproci dei sottoscritti e per buona e valida considerazione, le Parti convengono di modificare il Contratto come segue:	NOW, THEREFORE, in consideration of the mutual agreements of the undersigned and for good and valuable consideration, the Parties hereto agree to amend the Agreement as follows:
1. Il titolo del protocollo per il Sottoprotocollo A come elencato nel Contratto "Uno studio multicentrico in aperto di fase 1b/2 di RMC-6291 in combinazione con Pembrolizumab con o senza chemioterapia, in pazienti con tumori solidi con mutazione KRASG12C - Sottoprotocollo A" è qui cancellato nella sua interezza e sostituito con "Studio di RMC-6291, con o senza RMC-6236, in combinazione con altri agenti antitumorali, in pazienti con carcinoma polmonare non a piccole cellule con mutazione RAS G12C - Sottoprotocollo A";	1. Protocol title for Subprotocol A as listed in the Agreement "A Phase 1b/2 Open-Label, Multicenter Study of RMC-6291 in Combination with Pembrolizumab with or without Chemotherapy, in Patients with KRASG12C-Mutated Solid Tumors – Subprotocol A" is hereby deleted in its entirety and replaced with "Study of RMC-6291, With or Without RMC-6236, in Combination With Other Anti-Cancer Agents, in Patients With RAS G12C-Mutated Non-Small Cell Lung Cancer – Subprotocol A";
2. Il primo comma dell'art. 2.6 viene eliminato e sostituito con il seguente testo, per modificare il numero di pazienti previsti a livello globale: *2.6 Poiché la Sperimentazione prevede l'inclusione competitiva dei pazienti, è prevista da parte dell'Ente/Università l'inclusione di circa 6 soggetti, con il limite del numero massimo fino a **308** pazienti candidabili alla Sperimentazione a livello globale e dei termini*	2. The first paragraph of Article 2.6 is deleted and replaced with the following text, to modify the number of patients expected at a global level: *2.6 As the Trial involves the competitive enrolment of patients, the Institution/University expects to include approximately 6 patients, with a global maximum of up to **308** patients eligible for the Trial, limited to the terms provided for by the Sponsor.*

previsti dal Promotore. 3. Il farmaco RMC-6236 è aggiunto ai Medicinali Sperimentali all'art. 4.1 del Contratto. 4. L'articolo 5.1 del Contratto è integralmente eliminato e sostituito con il nuovo articolo 5.1 come segue, per riflettere l'eliminazione del macchinario ECG e degli smartphone dalla lista dei beni concessi in comodato e per esplicitare che il laser scanner potrebbe non essere ritirato dal Promotore/CRO: *"5.1 Il Promotore concede in comodato d'uso gratuito all'Ente, che accetta ai sensi e per gli effetti degli artt. 1803 e ss. c.c., lo/gli strumento/i meglio descritti in appresso, unitamente al pertinente materiale d'uso (di seguito gli "Strumenti"):* *- n. 1 Laser Scanner / Honeywell Voyager o similare / 1250G-2USB / del valore commerciale di circa € 119,45 (centodiciannove/45).* *Considerato il valore del bene escluso il costo di calibrazione e il deterioramento dovuto all'uso, le Parti concordano sin d'ora che il Promotore/CRO potrebbe non ritirarlo una volta conclusa la Sperimentazione e il centro in tal*	3. The drug RMC-6236 is added to the Trial Drugs at the art. 4.1 of the Agreement. 4. Article 5.1 of the Agreement is deleted in its entirety and replaced with the new Article 5.1 as follows, to reflect the removal of the ECG machine and smartphone from the list of goods granted on loan and to clarify that the laser scanner may not be collected by the Sponsor/CRO: *"5.1 The Sponsor hereby grants on free loan to the Institution, who accepts pursuant to Articles 1803 et seq. of the Italian Civil Code, the Instrument(s) further described below, together with the relevant consumables (hereinafter jointly the "Instrument"):* *- 1 Laser Scanner / Honeywell Voyager / 1250G-2USB or similar/ approximate commercial value € 119.45.* *Given the value of the asset, excluding the cost of calibration and deterioration due to use, the Parties hereby agree that the Sponsor/CRO may not collect it once the Trial has concluded, and in that case the Institution will arrange for its disposal/destruction.*

caso provvederà allo smaltimento/distruzione. La proprietà dello Strumento, come per legge, non viene trasferita all'Ente. Gli effetti del presente comodato decorreranno dalla data di consegna dello Strumento e cesseranno al termine della Sperimentazione, quando lo Strumento dovrà essere restituito allo Sponsor/CRO senza costi a carico dell'Ente o smaltito/distrutto presso l'Ente."	*Ownership of the Instrument, as required by law, is not transferred to the Institution. The effects of this loan will begin on the date of delivery of the Instrument and will cease at the end of the Trial, when the Instrument must be returned to the Sponsor/CRO at no cost to the Institution or disposed of/destroyed at the Institution."*
5. L'articolo 6.1 del Contratto è cancellato nella sua interezza e sostituito con il nuovo articolo 6.1 come segue: "6.1 Il corrispettivo pattuito, preventivamente valutato dall'Ente e dall'Università, per paziente eleggibile, valutabile che abbia completato il trattamento sperimentale secondo Protocollo e per il quale è stata compilata validamente la relativa CRF, comprensivo di tutte le spese sostenute dall'Ente e dall'Università per l'esecuzione della Sperimentazione e dei costi di tutte le attività ad essa collegate, è pari a: - Coorte 1: € 20.465,94 - Coorte 2: € 25.572,26 - Coorte 3 & 5: € 20.885,86	5. Article 6.1 of the Agreement is deleted in its entirety and replaced with the new Article 6.1 as follows: "6.1 The remuneration, previously assessed by the Institution and the University, agreed for each eligible, assessable patient whose treatment has been completed according to the Protocol and for whom the related CRF has been duly compiled, including all the costs incurred by the Institution and the University in execution of this Trial and the costs to cover all the related activities, is: - Cohort 1: € 20,465.94 - Cohort 2: € 25,572.26 - Cohort 3 & 5: € 20,885.86

per paziente (gli importi sono esenti da IVA, secondo l'Art. 7 TER DPR 633/72 tuttavia ogni fattura deve essere accompagnata da una marca da bollo di euro 2,00 in conformità con l'art. 15 DPR 633/72), come meglio dettagliato nel Budget qui allegato (Allegato A – Budget allegato alla convenzione economica). Tale corrispettivo verrà suddiviso al 50% tra Ente e Università."	per patient (the amounts are V.A.T. exempt in keeping with art 7 TER DPR 633/72 however each invoice must be accompanied by a 2.00 euro duty stamp in keeping with art 15 DPR 633/72), as specified in more detail in the Budget annexed (Annex A – Budget annexed to financial agreement). This fee will be split 50% between the Institution and the University."
6. Alcuni importi della tabella delle Voci fatturabili nell'Allegato A del Contratto sono state corrette, con decorrenza dalla data di stipula del Contratto, 11 novembre 2024.	6. Some amounts in the Invoiceable Items table in Annex A of the Contract have been corrected, effective from the date of signing of the Contract, 11 November 2024.
7. I paragrafi "Fallimenti allo Screening" e "Visite non programmate" nell'Allegato A del Contratto sono state corretti, con decorrenza dalla data di stipula del Contratto, 11 novembre 2024.	7. The paragraphs "Screening Failures" and "Unscheduled Visits" in the Annex A of the Contract have been corrected, effective from the date of signing of the Agreement, 11 November 2024.
8. L'Allegato A del Contratto è cancellato nella sua interezza e sostituto dal nuovo Allegato A qui allegato al presente Emendamento per riflettere i cambiamenti introdotti dall'Emendamento al Protocollo e come altrimenti stabilito sopra nel presente Emendamento. Le Parti concordano che le	8. The Annex A of the Agreement is hereby deleted in its entirety and replaced by the new Annex A attached hereto to this Amendment to reflect the changes introduced by the Protocol amendment and as otherwise set forth above in this Amendment. The Parties agree that the Annex A modifications set forth in this

modifiche all'Allegato A stabilite nel presente Emendamento in merito all'Emendamento del Protocollo sono destinate ad avere effetto a partire dal 17 febbraio 2025 (la "**Data di entrata in vigore del Budget**"), data di approvazione dell'Emendamento al Protocolloda parte dell'Autorità Competente. I costi rivisti sono applicabili solo ai test/procedure effettivi eseguiti dopo la Data di entrata in vigore del Budget. Le Parti concordano inoltre che tutti i servizi eseguiti ai sensi del Contratto prima della Data di entrata in vigore del Budget e tutti i pagamenti relativi alle visite e alle procedure eseguite ai sensi del Protocollo Versione 3.0 datato 14 dicembre 2023, dovranno seguire il precedente Allegato A (salvo quanto modificato dai paragrafi 6 e 7 di cui sopra nel presente Emendamento).	Amendment with respect to the Protocol Amendment are intended to have taken effect as of 17 February 2025 (the "**Budget Effective Date**"), approval date of the Protocol Amendment by the Competent Authority. Revised costs are only applicable to actual tests/procedures performed after the Budget Effective Date. The Parties further agree that all services performed under the Agreement prior to the Budget Effective Date and all payments relating to visits and procedures performed under Protocol Version 3.0 dated 14 Dec 2023, shall follow the former Annex A (except as modified by paragraphs 6 and 7 above in this Amendment).
Inoltre, l'Ente riceverà il rimborso per 4 (quattro) confezioni di Pembrolizumab utilizzate per lo Studio, provenienti dalle scorte locali, come segue: - Costo totale: € 25.075,12 (€ 6.268,78 per ciascuna confezione). Gli ulteriori utilizzi di Pembrolizumab, o altri farmaci richiesti dal Protocollo, verranno rimborsati dal	In addition, the Institution will be reimbursed for 4 (four) packages of Pembrolizumab it has used for the Study from the local stock, as follows: - Total cost: € 25,075.12 (€ 6,268.78 for each package). Any additional use of Pembrolizumab, or other drugs required by the Protocol, will be reimbursed by the

Promotore al costo da tariffario in vigore al momento dell'utilizzo.	Sponsor at the rate set out in the price list in force at the time of use.
Ad eccezione di quanto specificamente stabilito nel presente documento, tutti gli altri termini e condizioni contenuti nel Contratto rimarranno pienamente validi ed efficaci. Salvo diversa definizione nel presente Emendamento, i termini in maiuscolo qui utilizzati avranno lo stesso significato definito nel Contratto.	Except as specifically set forth herein, all other terms and conditions contained in the Agreement shall remain in full force and effect. Unless otherwise defined in this Amendment, capitalized terms used herein shall have the same meaning defined in the Agreement.
Le spese di bollo sono a carico del Promotore. L'imposta di bollo pari ad € 176,00 per complessive 11 marche da bollo viene assolta in modo virtuale dalla CRO: Autorizzazione N. 28877/2015 del 5/02/2015 Agenzia delle Entrate – Ufficio Territoriale Milano 2.	Stamp duty shall be payable by the Sponsor. Duty Stamps equal to € 176 for a total of 11 stamp duties are virtually paid by CRO: Authorization N. 28877/2015 dated 5 February 2015 by the Tax Agency – Ufficio Territoriale Milano 2.
Il presente Emendamento viene sottoscritto con firma digitale ai sensi della normativa vigente.	This Amendment is signed with a digital signature in accordance with current legislation.
SEGUE PAGINA FIRMA	**SIGNATURE PAGE FOLLOWS**

IN FEDE, i rappresentanti debitamente autorizzati delle Parti hanno sottoscritto e consegnato il presente Emendamento a partire dalla Data di Entrata in Vigore dell'Emendamento.	**IN WITNESS WHEREOF**, duly authorized representatives of the Parties have executed and delivered this Amendment as of the Amendment Effective Date.

Per il Promotore / For the Sponsor

Il Procuratore della CRO/The CRO's Attorney

Dott.ssa/Dr. Marta De Mitri

Firma/Signature _____

Per l'Ente / For the Institution

Il Rappresentante legale o suo delegato / legal Representative or deputy

Dott./Dr. Davide Minniti

Firma/Signature _____

Per l'Università / For the University

Il Direttore del Dipartimento di Oncologia/ The Director of Oncology Department

Prof. Cristian Fiori

Firma/Signature _____

La Dirigente del Polo di Medicina / Administrative Director of the Medicine Hub

Dott.ssa/Dr. Antonella Trombetta

Firma/Signature _____

Per presa visione ed accettazione lo Sperimentatore principale / For acknowledgment and acceptance by the Principal Investigator

Prof.ssa/Prof. Silvia Novello

Firma/Signature _____

ALLEGATO A – BUDGET	**ANNEX A - BUDGET**
ONERI E COMPENSI	**COSTS AND PAYMENTS**
Parte 1 - Oneri fissi e Compenso per paziente coinvolto nello studio	**Part 1 - Fixed costs and payment per patient included in the study**
- Fornitura del/i Medicinale/i Sperimentale/i e/o di ogni altro materiale in sperimentazione o necessario allo svolgimento della stessa affinché non vi sia aggravio di costi a carico del S.S.N. (kit diagnostici, dispositivi medici, ecc.).	- Supply of the Trial Drug(s) and/or of any other materials under trial or required for the trial provided that there are no extra costs for the Italian National Health Service (diagnostics kits, medical devices, etc.).
- Compenso lordo a paziente coinvolto nello studio (importo da suddividere al 50% tra Ente e Università): - Coorte 1: € 20.465,94 - Coorte 2: € 25.572,26 - Coorte 3 & 5: € 20.885,86	- Gross payment per patient included in the study (to be devided 50% to Institution and 50% to the University): - Cohort 1: € 20,465.94 - Cohort 2: € 25,572.26 - Cohort 3 & 5: € 20,885.86
- Compenso per screening failure e unscheduled visit (importo da suddividere al 50% tra Ente e Università);	- Payment for screening failures and unscheduled visits (to be devided 50% to Institution and 50% to the University).
- Fasi economiche intermedie (nel caso in cui i pazienti non completino l'iter sperimentale):	- Interim financial phases (if the patients do not complete the trial procedure):

Gli importi indicati nella tabella sono da ripartire al 50% fra l'Ente e l'Università/ The amounts indicated in the table are to be divided 50% between the Institution and the University

Coorte 1 / Cohort 1

Visit	Total	50% Institution	50% University
Screening: –28 to –1	€ 412.26	€ 206.13	€ 206.13
Screening: –14 to –1	€ 817.86	€ 408.93	€ 408.93
C1D1 Baseline (C1D1 Predose)	€ 1,214.06	€ 607.03	€ 607.03
C1D1 (Postdose)	€ 429.20	€ 214.60	€ 214.60
C1D2	€ 306.24	€ 153.12	€ 153.12
C1D8	€ 953.52	€ 476.76	€ 476.76
C1D15	€ 1,139.12	€ 569.56	€ 569.56
C2D1	€ 1,506.84	€ 753.42	€ 753.42
C3D1	€ 1,498.72	€ 749.36	€ 749.36
C4D1	€ 982.52	€ 491.26	€ 491.26
C5D1	€ 1,498.72	€ 749.36	€ 749.36
C6D1	€ 982.52	€ 491.26	€ 491.26
C7D1	€ 1,223.80	€ 611.90	€ 611.90
C8D1	€ 982.52	€ 491.26	€ 491.26

C9D1	€ 1,171.60	€ 585.80	€ 585.80
C10D1	€ 982.52	€ 491.26	€ 491.26
C11D1	€ 1,171.60	€ 585.80	€ 585.80
C12D1	€ 982.52	€ 491.26	€ 491.26
C13D1 +	€ 1,144.92	€ 572.46	€ 572.46
EOT	€ 879.28	€ 439.64	€ 439.64
Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	€ 127.02	€ 63.51	€ 63.51
Survival Follow Up - 3 month (±2 weeks)	€ 58.58	€ 29.29	€ 29.29
Total	**€ 20,465.94**	**€ 10,232.97**	**€ 10,232.97**
C1D1 Predose Screen failure	€ 562.14	€ 281.07	€ 281.07
Unscheduled Visit	€ 209.96	€ 104.98	€ 104.98

Coorte 2 / Cohort 2

Visit	Total	50% Institution	50% University
Screening: –28 to –1	€ 412.26	€ 206.13	€ 206.13
Screening: –14 to –1	€ 817.86	€ 408.93	€ 408.93

C1D1 Baseline (C1D1 Predose)	€ 1,807.98	€ 903.99	€ 903.99
C1D1 (Postdose)	€ 458.20	€ 229.10	€ 229.10
C1D2	€ 306.24	€ 153.12	€ 153.12
C1D8	€ 953.52	€ 476.76	€ 476.76
C1D15	€ 1,168.12	€ 584.06	€ 584.06
C2D1	€ 2,100.76	€ 1,050.38	€ 1,050.38
C3D1	€ 2,092.64	€ 1,046.32	€ 1,046.32
C4D1	€ 1,576.44	€ 788.22	€ 788.22
C5D1	€ 1,795.68	€ 897.84	€ 897.84
C6D1	€ 1,279.48	€ 639.74	€ 639.74
C7D1	€ 1,520.76	€ 760.38	€ 760.38
C8D1	€ 1,279.48	€ 639.74	€ 639.74
C9D1	€ 1,468.56	€ 734.28	€ 734.28
C10D1	€ 1,279.48	€ 639.74	€ 639.74
C11D1	€ 1,468.56	€ 734.28	€ 734.28
C12D1	€ 1,279.48	€ 639.74	€ 639.74
C13D1 +	€ 1,441.88	€ 720.94	€ 720.94

EOT	€ 879.28	€ 439.64	€ 439.64
Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	€ 127.02	€ 63.51	€ 63.51
Survival Follow Up - 3 month (±2 weeks)	€ 58.58	€ 29.29	€ 29.29
Total	**€ 25,572.26**	**€ 12,786.13**	**€ 12,786.13**
C1D1 Predose Screen failure	€ 562.14	€ 281.07	€ 281.07
Unscheduled Visit	€ 209.96	€ 104.98	€ 104.98

Coorte 3 & 5 / Cohort 3 & 5

Visit	Total	50% Institution	50% University
Screening: –28 to –1	€ 412.26	€ 206.13	€ 206.13
Screening: –14 to –1	€ 817.86	€ 408.93	€ 408.93
C1D1 Baseline (C1D1 Predose)	€ 1,241.90	€ 620.95	€ 620.95
C1D1 (Postdose)	€ 458.20	€ 229.10	€ 229.10
C1D2	€ 306.24	€ 153.12	€ 153.12
C1D8	€ 953.52	€ 476.76	€ 476.76

C1D15	€ 1,168.12	€ 584.06	€ 584.06
C2D1	€ 1,534.68	€ 767.34	€ 767.34
C3D1	€ 1,526.56	€ 763.28	€ 763.28
C4D1	€ 1,010.36	€ 505.18	€ 505.18
C5D1	€ 1,526.56	€ 763.28	€ 763.28
C6D1	€ 1,010.36	€ 505.18	€ 505.18
C7D1	€ 1,251.64	€ 625.82	€ 625.82
C8D1	€ 1,010.36	€ 505.18	€ 505.18
C9D1	€ 1,199.44	€ 599.72	€ 599.72
C10D1	€ 1,010.36	€ 505.18	€ 505.18
C11D1	€ 1,199.44	€ 599.72	€ 599.72
C12D1	€ 1,010.36	€ 505.18	€ 505.18
C13D1 +	€ 1,172.76	€ 586.38	€ 586.38
EOT	€ 879.28	€ 439.64	€ 439.64
Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	€ 127.02	€ 63.51	€ 63.51

Survival Follow Up - 3 month (±2 weeks)	€ 58.58	€ 29.29	€ 29.29
Total	**€ 20,885.86**	**€ 10,442.93**	**€ 10,442.93**
C1D1 Predose Screen failure	€ 562.14	€ 281.07	€ 281.07
Unscheduled Visit	€ 209.96	€ 104.98	€ 104.98

Parte 2 - Costi aggiuntivi per esami strumentali e/o di laboratorio da effettuarsi sulla base del Tariffario dell'Ente (o in difetto sulla base del nomenclatore tariffario della Regione dove è situato il Centro di sperimentazione) vigente al momento dell'erogazione delle rispettive prestazioni.	**Part 2 - Additional costs for diagnostic tests and/or lab tests to be carried out according to the Tariff of the Institution (or if there is no such tariff, based on the tariff nomenclature of the Trial Site Region) that is applicable at the time of providing the respective services.**

OVE NON DIVERSAMENTE INDICATO GLI IMPORTI SOTTO RIPORTATI SONO DA RIMBORSARE ESCLUSIVAMENTE ALL'ENTE / WHERE NOT DIFFERENTLY INDICATED, THE AMOUNTS SHOWN BELOW ARE TO BE PAID ONLY TO THE INSTITUTION

Voci fatturabili / Invoiceable Fees	**Costo unitario in Euro con OH / Unit Cost in Euro with OH**	**ENTE / INSTITUTION**	**UNIVERSITA'/UNIVERSITY**
Risonanza magnetica cerebrale con contrasto, per punto temporale (quando clinicamente indicato) - *importo da erogare solo all'Ente per l'attività espletata*	933.80	933.80	-

dalla SCDU Radiodiagnostica - ai soli fini interni si precisa che la suddetta attività rientra nell'ambito delle prestazioni di studio specifiche **Brain MRI With Contrast, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by the Radiodiagnostics Unit - for internal purposes only, it is specified that the aforementioned activity falls within the scope of specific study services*			
Scintigrafia ossea, per punto temporale (quando clinicamente indicato) – *importo da erogare solo all'Ente per l'attività espletata dalla SCDU Radiodiagnostica - ai soli fini interni si precisa che la suddetta attivita rientra nell'ambito delle prestazioni di studio specifiche* **Bone scan, Per timepoint (when clinically indicated)** – *amount to be paid only to the Institution for the activity carried out by the Radiodiagnostics Unit - for internal purposes only, it is specified that the aforementioned activity falls within the scope of specific study services*	294.64	294.64	-
Tessuto tumorale d'archivio, per punto temporale (quando clinicamente indicato) - *importo da erogare solo all'Ente per l'attività espletata dalla SCDU Anatomia Patologica* **Archival Tumor Tissue, Per timepoint (when clinically indicated)** -	174.00	174.00	-

amount to be paid only to Institution for the activity carried out by Pathological Anatomy Unit			
Biopsia di tessuto fresco, per punto temporale (quando clinicamente indicato) - *importo da erogare solo all'Ente per l'attività espletata dalla SCDU Radiodiagnostica* **Fresh Biopsy, Per timepoint (when clinically indicated)** *- amount to be paid only to the Institution for the activity carried out by the Radiodiagnostics Unit*	417.60	417.60	-
Anatomia Patologica/Gestione dei campioni di biopsia Semplice, per punto temporale (quando clinicamente indicato) - *importo da erogare solo all'Ente per l'attività espletata dalla SCDU Anatomia Patologica* **Biopsy Sample Handling Simple, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Pathological Anatomy Unit*	121.80	121.80	-
ECHO/MUGA (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Cardiologia - ai soli fini interni si precisa che la suddetta attività rientra nell'ambito delle prestazioni di studio specifica* **ECHO/MUGA (if clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Cardiology Unit - for internal purposes only, it is specified*	660.04	660.04	-

that the aforementioned activity falls within the scope of specific study services			
Test di coagulazione PT, per punto temporale (ciclo 13 e ogni altro ciclo) o (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory*	8.12	8.12	-
Test di coagulazione INR, per punto temporale (ciclo 13 e ogni altro ciclo) o (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit*	18.56	18.56	-
Test di coagulazione PTT/aPTT (Ciclo 13 e ogni altro ciclo) o (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clinically indicated)** - *amount to be paid only*	8.12	8.12	-

to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit			
Analisi delle urine (ciclo 13 e ogni altro ciclo) o (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Urinalysis (Cycle 13 and every other cycle) or (if clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit*	18.56	18.56	-
T3 o FT3, FT4, TSH (Ciclo 14 e poi ogni 2 cicli) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit*	25.52	25.52	-
Amilasi, per punto temporale (quando clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Amylase, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity*	8.12	8.12	-

carried out by the Clinical and Microbiological Analysis Laboratory Unit			
Lipasi, per punto temporale (quando clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **Lipase, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit*	11.60	11.60	-
ECG a 12 derivazioni (ciclo 13 e ogni altro ciclo) o (se clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Cardiologia* **12-Lead ECG (Cycle 13 and every other cycle) or (if clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Cardiology Unit*	62.64	62.64	-
TC total body con contrasto (quando clinicamente indicato) - *Una TAC total body aggiuntiva rispetto alla normale pratica clinica da corrispondere per l'attività espletata dalla SCDU Radiodiagnostica interamente all'Ente [prestazione di studio specifica] in Euro 836,00 + OH = € 969,76. Le altre, da corrispondere 50% tra Ente e Università come da importi nella presente tabella.* **Total body CT scan w/ Contrast (when clinically indicated)** - *amount to be paid only to the Institution Unit*	969.76	484.88	484.88

One extra-SOC Total body CT scan to be paid entirely to Institution for the activity carried out by Radiodiagnostics in € 836.00 + OH = € 969.76. The other ones, 50% between Institution and University, as reported in this table.			
Risonanza magnetica del torace, per punto temporale (quando clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDU Radiodiagnostica* **Chest MRI, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Radiodiagnostics Unit*	1,115.92	1,115.92	-
Risonanza magnetica dell'addome, per punto temporale (quando clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDU Radiodiagnostica* **Abdomen MRI, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Radiodiagnostics Unit*	708.76	708.76	-
RECIST, per punto temporale (quando clinicamente indicato) - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDU Radiodiagnostica* **RECIST, Per timepoint (when clinically indicated)** - *amount to be paid only to the Institution for the activity carried out by Radiodiagnostics Unit*	19.72	19.72	-

Analisi della mutazione KRAS - *importo da corrispondere solo all'Ente per l'attività espletata dalla SCDO Laboratorio Analisi Cliniche e Microbiologiche* **KRAS mutation analysis** - *amount to be paid only to the Institution for the activity carried out by the Clinical and Microbiological Analysis Laboratory Unit*	812.00	812.00	-

Rimborso dei farmaci per la profilassi *importi da rimborsare solo all'Ente per la fornitura da parte della SC Farmacia Ospedaliera* **Reimbursement of the drugs for prophylaxis** *amounts to be reimbursed only to the Institution for the supply by Hospital Pharmacy Unit*	**Costo unitario per confezione in Euro / Unit Cost per package in Euro**
Desametasone - compresse / 4 mg, 30 compresse **Dexamethasone - tablets / 4 mg, 30 tablets**	20.26
Desametasone - soluzione iniettabile / 4 mg/ml, 10 **Dexamethasone - injectable solution / 4 mg/ml, 10**	5.10
Cianocobalamina - compressa / 1000 mcg / 5 **Cyanocobalamin - tablet / 1000 mcg / 5**	4.71
Acido folico - compresse / 400 mcg / 120 compresse **Folic acid - tablet / 400 mcg / 120 tablets**	13.40

Parte 3 - Indennità per i pazienti/accompagnatori coinvolti nello studio clinico:	**Part 3 - Allowance for patients/carers involved in the clinical trial:**
Si fa rinvio al modello "Foglio informativo e modulo di consenso informato di Scout Clinical", incluso nel dossier	Reference is made to the model "Scout Clinical Information Sheet and Consent Form", included in the

della domanda ai sensi del Regolamento (UE) n. 536/2014, da intendersi richiamato nel presente Contratto come sua parte integrante e sostanziale.	application dossier pursuant to (EU) Regulation no. 536/2014, to be understood as cited in this Agreement as an integral and substantial part thereof.

Tipo di spesa / Type of expense	**Massimo import pre-approvato in Euro / Maximum pre-approved amount in Euro**
**Rimborso viaggio paziente Servizio taxi/condivisione corsa a terra (per 50 m/80 km), fino a / Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	235.00
**Rimborso viaggio paziente - Servizio auto a terra; Trasferimenti in berlina e aeroporto (per 50 m/80 km, fino a / Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	253.00
**Rimborso chilometrico per viaggio del paziente (per 100 m/160 km), fino a / Patient Travel Reimbursement Mileage (per 100m/160Km), up to	55.00
Rimborso pazienti Parcheggio/pedaggi (per giorno di visita), fino a / Patient Reimbursement Parking/Tolls (per visit day), up to	19.00
Rimborso pasti per paziente (al giorno-3 persone), fino a / Patient Reimbursement Meals (per day-3x), up to	28.00
Rimborso pasti per paziente (al giorno-1 persona), fino a / Patient Reimbursement Meal (per day-1x), up to	11.00
Rimborso spese di viaggio del paziente da fatturare, solo se il centro non utilizza il fornitore terzo Scout** / ** Patient Travel Reimbursement to be invoiced, only if the site is Not using the third party vendor Scout	

LIQUIDAZIONE E FATTURE	**LIQUIDATION AND INVOICES**

Pagamenti: Il pagamento dovrà essere effettuato a: Per l'Ente: *Nome del beneficiario: A.O.U. San Luigi Gonzaga di Orbassano* *Indirizzo del beneficiario:Regione Gonzole 10, 10043 Orbassano (TO)* *Nome della banca: Unicredit BancaIBAN: : IT11Y0200830689000002224255* *ID/BIC Swift: UNCRITM1DH3* *E-mail r.romagnolli@sanluigi.piemonte.it con i dettagli:* Per l'Università: *Nome del beneficiario: Università degli Studi di Torino – Dipartimento di Oncologia* *Indirizzo del beneficiario: Regione Gonzole 10, 10043 Orbassano (TO)* *Nome della banca: INTESA SANPAOLO* *IBAN: IT92K0306909217100000460205* *ID/BIC Swift: BCITITMM* *Nome del titolare del conto bancario: Università degli Studi di Torino – Dipartimento di Oncologia* *Rimessa/Pagamento* *E-mail con i dettagli: budget.medsanluigi@unito.it*	**Payments:** Payment should be made to the following: For Institution: *Payee Name: A.O.U. San Luigi Gonzaga di Orbassano* *Payee Address: Regione Gonzole 10, 10043 Orbassano (TO)* *Bank Name: Unicredit Banca* *IBAN: IT11Y0200830689000002224255* *Swift ID/BIC: UNCRITM1DH3* *Bank Account Holder's name:* *Remittance/ Payment* *Details email:* For the University: *Payee Name: Università degli Studi di Torino – Dipartimento di Oncologia* *Payee Address: Regione Gonzole 10, 10043 Orbassano (TO)* *Bank Name: INTESA SANPAOLO* *IBAN: IT92K0306909217100000460205* *ID/BIC Swift: BCITITMM* *Bank Account Holder's name: Università degli Studi di Torino – Dipartimento di Oncologia* *Remittance/ Payment* *Details email: budget.medsanluigi@unito.it*

L'Ente e l'Università può richiedere di modificare i dettagli del beneficiario forniti nel presente documento durante il corso dello Studio. In tali casi, le parti convengono che non sarà richiesta alcuna modifica al presente Contratto a condizione che l'Ente e l'Università forniscano notifica scritta a PPD con i dettagli modificati dei beneficiari. Le Parti concordano inoltre che PPD non si assume alcuna responsabilità per i dati errati dei beneficiari forniti dall'Ente e dall'Università.	Institution and University may request to revise the payee details provided herein during the course of the Study. In such cases, the parties agree that no amendment to this Agreement shall be required provided that Institution and University provides written notification to PPD with the revised payees' details. The Parties further agree that PPD assumes no liability for incorrect payees' details provided by Institution and University.
Fatture: le fatture verranno elaborate su base trimestrale. Tutte le fatture originali relative allo Studio devono essere presentate per il rimborso a PPD (e devono fare riferimento a PPD come soggetto fatturante) al seguente indirizzo e devono includere un dettaglio corretto di tutte le tariffe, documentazione di supporto e un numero di riferimento della fattura del sito: Le fatture dovranno essere intestate a: Revolution Medicines, Inc., 700 Saginaw Drive, Redwood City, CA 94063, Stati Uniti, numero EIN 47-2029180 Le fatture per il pagamento dovranno essere inviate a: PPD Investigator Services LLC tramite e-mail all'indirizzo	**Invoices:** Invoices will be processed on a quarterly basis. All original invoices pertaining to the Study must be submitted for reimbursement to PPD (and must reference PPD as the invoicee) at the following address and shall include a correct itemization for all fees, supporting documentation, and a site invoice reference number: Invoices should be addressed to: Revolution Medicines, Inc., 700 Saginaw Drive, Redwood City, CA 94063, USA EIN no. 47-2029180 Invoices should be sent for payment to: PPD Investigator Services LLC by email at

CRGInvestigatorPayments@thermofisher.com o tramite posta all'indirizzo 929 North Front Street, Wilmington, NC 28401, USA.	CRGInvestigatorPayments@thermofisher.com, or via mail at 929 North Front Street, Wilmington, NC 28401, USA.
Arruolamento: l'Ente riconosce che questo è uno studio progettato per valutare un determinato numero di soggetti. L'Ente dovrà fare del suo meglio per l'arruolamento come previsto dal Contratto. Una volta completata l'arruolamento del numero target di soggetti per l'intero Studio, l'Ente verrà informato e verrà istruito a non continuare l'arruolamento dei soggetti.	**Enrollment:** Institution acknowledges that this is a Study designed to evaluate a set number of subjects. Institution will be expected to apply best efforts for enrollment as provided for under the Agreement. When enrollment of the target number of subjects for the entire Study is complete, Institution will be notified and instructed not to continue enrolling subjects.
Costo per Soggetto: l'Ente e l'Università verrà pagato per soggetto completato e valutabile come definito di seguito in base alle tariffe stabilite nel Budget. I pagamenti verranno effettuati su base trimestrale in Euro e si baseranno sulle visite completate inserite nelle schede raccolta dati elettroniche (eCRF) e sulla ricezione della fattura corretta e dettagliata. Un paziente completo e valutabile è definito come segue: (i) tutte le procedure devono essere eseguite secondo il Protocollo e le linee guida ICH GCP, (ii) un paziente sarà incluso solo in base ai criteri di inclusione/esclusione e (iii) tutti i dati sono documentati in modo accurato, completo. Nel caso in cui un paziente non completi tutte le visite come specificato nel Protocollo, PPD sarà obbligata a effettuare il pagamento per tale paziente	**Cost Per Subject:** Institution and University and University will be paid per completed and evaluable subject as defined below based on the rates set forth in the Budget. Payments will be made on a quarterly basis in Euros and will be based on completed visits entered in the subject electronic case report forms (eCRFs) and receipt of correct and itemized invoice. A complete and evaluable patient is defined as follows: (i) all procedures must be performed according to the Protocol and ICH GCP guidelines, (ii) a patient will only be included according to the inclusion/exclusion criteria, and (iii) all data are documented accurately, completely. In the event that a patient does not complete all visits as specified in the Protocol, PPD shall only be

solo in base alla visita completata e proporzionale e su base eCRF.	obligated to make payment for such patient on a pro-rated, completed visit, and eCRF basis.
Compenso di avvio dello Studio: un pagamento una tantum non rimborsabile della tariffa stabilita nel Budget per le attività di avvio dello Studio sarà pagabile all'Ente e all'Università previa conferma dell'approvazione del Comitato Etico, della piena sottoscrizione del Contratto e del completamento di eventuali requisiti pre-studio specificati dal Promotore o dal PPD.	**Study Start-up Fee:** A one-time non-refundable payment of the rate set forth in the Budget for Study start-up activities will be payable to the Institution and University upon confirmation of Ethics Committee approval, full execution of the Agreement, and completion of any pre-Study requirements as specified by Sponsor or PPD.

Compenso per il centro / Site Fees	**Compenso unitario in Euro / Unit Cost in Euro**	**Termini / Terms**
Conservazione della documentazione per 25 anni / Archiving/Document storage/per site for 25 yrs importo da corrispondere solo all'ente all'atto della sottoscrizione del contratto	5,000.00	Alla firma del Contratto / upon Agreement's execution
Compenso di avvio della Farmacia – importo da corrispondere solo all'Ente / Pharmacy set-up fee – to be paid to Entity only	400.00	Alla firma del Contratto / upon Agreement's execution
Compenso di avvio dello Studio - 50% tra Ente e Università / Site Start-up Costs - 50% between Institution and University	3,500.00	Alla firma del Contratto / upon Agreement's execution

Compenso del Laboratorio Centrale: i costi del Laboratorio Centrale saranno a carico del Promotore.	**Central Laboratory Fees**: Central Laboratory costs will be paid by the Sponsor.

Fallimenti allo screening: Ai fini del presente Contratto, per Fallimento allo screening si intende qualsiasi soggetto dello Studio che inizialmente sembra soddisfare i criteri per il pre-screening, firma il modulo di consenso informato, completa la visita di pre-screening e/o di screening ma non viene randomizzato nello Studio. L'Ente e l'Università saranno rimborsati per Screen Failure a una tariffa fissa in conformità con le tariffe stabilite nel Budget per ciascuna delle possibili visite di Screening/Screen Failure (Screening D-28 a D-1, Screening D-14 a D-1 e Screen Failure pre-dose C1D1) completate dal Soggetto Screen Failure in base ai dati inseriti negli eCRF e alla ricezione di una fattura dettagliata non contestata. L'Ente e l'Università saranno inoltre rimborsati in base alle procedure effettuate in conformità con le tariffe stabilite nella tabella delle Voci fatturabili per le procedure di screening fatturabili in base alla ricezione da parte diella CRO di una fattura dettagliata non contestata.	**Screen Failures**: For purposes of this Agreement, a Screen Failure shall mean any Study subject, who initially appears to meet the criteria for pre-screening, signs the informed consent form, completes the pre-screening and/or screening visit but does not randomize into the Study. Institution and University will be reimbursed for Screen Failures at a flat rate in accordance with the rates set forth in the Budget for each of the possible Screening/Screen Failure visits (Screening D-28 to D-1, Screening D-14 to D-1 and C1D1 Predose Screen Failure) completed by the Screen Failure Subject upon data entered in eCRF's and receipt of undisputed itemized invoice. Institution and University will also be reimbursed on a per procedure basis in accordance with the rates set forth in the Invoiceable Budget grid for the Invoiceable screening procedures upon CRO's receipt of undisputed itemized invoice.
Visite non programmate: per visita non programmata si intende una visita al soggetto dello Studio che non è espressamente prevista nel Protocollo ma che è altrimenti richiesta per lo Studio. L'Ente e l'Università riceveranno un pagamento forfettario per ogni visita non programmata alla tariffa stabilita nel Budget in base ai dati inseriti negli eCRF	**Unscheduled Visits:** An unscheduled visit means a Study subject visit which is not expressly set forth in the Protocol but is otherwise required for the Study. Institution and University will receive a flat rate payment per unscheduled visit at the rate set forth in the standard items per patient grid based on data

e alla ricezione di una fattura dettagliata e non contestata. Le visite non programmate verranno rimborsate in base alla procedura in conformità con le tariffe stabilite nella tabella qui di seguito(escluse le procedure incluse nel pagamento forfettario) al ricevimento da parte del CRO della fattura dettagliata non contestata. Nel caso in cui una procedura necessaria dal punto di vista medico non sia inclusa nel Budget, l'Ente e l'Università devono ricevere la previa approvazione scritta prima che la procedura venga eseguita. L'importo del compenso per una procedura non inclusa nel Budget sarà approvato al momento dell'approvazione scritta.	entered in eCRF's and receipt of undisputed and itemized invoice. Unscheduled visits will be reimbursed on a per procedure basis in accordance with the rates set forth in table herewith (excluding the rates included in the flat rate payment) upon CRO's receipt of undisputed itemized invoice. In the event a medically necessary procedure is not included in the Budget, Institution and University must receive prior written approval before procedure is performed. Amount of compensation for a procedure not included in Budget will be approved at the time written approval is provided.
Pagamento finale: il pagamento finale sarà pagabile al completamento della visita di chiusura e al ricevimento di quanto segue: (i) tutta la documentazione dello Studio, (ii) la responsabilità di tutto il farmaco in Studio non utilizzato, (iii) tutte le eCRF completate e corrette /domande e (iv) eventuali richieste di chiarimenti avanzate dal PPD o dal Promotore in merito ai dati dello Studio. L'Ente e l'Università avranno sessanta (60) giorni dal ricevimento del pagamento finale per contestare eventuali discrepanze di pagamento durante il corso dello Studio. Tutti i costi devono essere fatturati entro sessanta (60) giorni dalla	**Final Payment:** The final payment will be payable upon completion of the close-out visit and upon receipt of the following: (i) all Study documentation, (ii) the accountability of all unused Study Drug, (iii) all completed and correct eCRFs/queries and (iv) any clarification requests made by PPD or Sponsor regarding Study data or records. Institution and University will have sixty (60) days from the receipt of final payment to dispute any payment discrepancies during the course of the Study. All costs should be invoiced within one month of termination of the Trial to ensure payment.

conclusione della Sperimentazione per garantire il pagamento. ***Nessun'altra richiesta di finanziamento aggiuntivo sarà presa in considerazione senza il previo consenso scritto del Promotore o del PPD.***	***No other additional funding requests will be considered without the prior written consent of Sponsor or PPD.***

Trial Information

Trial Name: RMC-LUNG-101*
Arm: Subprotocol A Cohort 1 (Part 1 Dose Exploration & Backfill)
Project: Revolution Medicines, Inc.
Phase: Phase1b/2
Indication: 162.9, Neoplasm, Malignant, of Bronchus & Lung, Unspecified (Lung Cancer, Pulmonary Cancer)
Title: A Phase 1b/2, Multicenter Study of RMC-6291, With or Without RMC-6236, in Combination with Other Anti-Cancer Agents, in Patients with RAS GI2C-Mutated Non-Small Cell Lung Cancer - Subprotocols A, B & C
Protocol Version: Amendment 5 (V6.0) 16 September 2024

Budget Information

	Standard
Total Cost per Patient Excluding C1D1 Predose Screen Failure:	20,465.94

Location: Italy
Overhead Percent: 16.00%
Currency: EUR-euro

PI: Prof. Novello
Institution: A.O.U. San Luigi Gonzaga
Date: 26-Feb-25

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Informed Consent Process	Y	1.00	34.00	39.44	34.00																							34.00	
Demographics, medical/surgical/cancer histories (Including documentation of Tumor pathology and genotypic mutations)	Y	1.00	25.00	29.00	25.00																							25.00	
body weight, height	Y	1.00	26.00	30.16	26.00																							26.00	
Complete Physical Examination to include: Vitals signs and pulse oximetry, body weight	Y	14.00	126.00	146.16		126.00							126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00			1,764.00	
Limited Physical examination to include body weight at C1D1 only, Vital signs and pulse oximetry	Y	4.00	116.00	134.56			116.00	116.00			116.00	116.00																464.00	
Vital signs and pulse oximetry	Y	2.00	26.00	30.16					26.00	26.00																		52.00	
ECOG	Y	17.00	18.00	20.88		18.00	18.00	18.00				18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00			306.00	
Review Concomitant Medications	Y	20.00	18.00	20.88		18.00	18.00	18.00		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00			360.00	18.00
Adverse Events Assessment	Y	20.00	20.00	23.20		20.00		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00		400.00	20.00
Assessment and documentation of study treatment compliance	Y	16.00	12.00	13.92					12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00					192.00	
Hematology panel	Y	17.60	20.00	23.20		20.00	16.00	16.00			20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			352.00	
Chemistry panel	Y	17.60	99.00	114.84		99.00	79.20	79.20			99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00			1,742.40	
Coagulation tests PTT/aPTT	Y	8.60	7.00	8.12		7.00	5.60	5.60						7.00		7.00		7.00		7.00		7.00		7.00				60.20	
eGFR (renal function)	Y	16.00	6.00	6.96	6.00		6.00	6.00					6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00			96.00	
Urinalysis	Y	9.60	16.00	18.56		16.00	12.80	12.80					16.00	16.00		16.00		16.00		16.00		16.00			16.00			153.60	
T3 or FT3, FT4, TSH	Y	7.00	22.00	25.52	22.00								22.00		22.00		22.00		22.00		22.00		22.00					154.00	
Pregnancy test	Y	8.00	34.00	39.44		17.00	17.00	17.00					17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00				272.00	
FSH and estradiol, if needed	Y	0.10	46.00	53.36		4.60																						4.60	
Hepatitis B & C tests -HBsAg	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HCVAb	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HBsAb	Y	1.00	21.00	24.36	21.00																							21.00	
Hepatitis B core immunoglobulin M antibody, Per timepoint (if required)	Y	0.10	29.00	33.64	2.90																							2.90	
Hepatitis B Surface Antibody, Per timepoint (if required)	Y	0.10	21.00	24.36	2.10																							2.10	
Hepatitis B Viral Load, Per timepoint (if required)	Y	0.10	65.00	75.40	6.50																							6.50	
Hepatitis C RNA, Per timepoint (if required)	Y	0.10	89.00	103.24	8.90																							8.90	
CD4+ T-cell count and HIV RNA test will be performed for HIV-infected patients only	Y	0.05	189.00	219.24		9.45																						9.45	
Amylase	Y	4.00	7.00	8.12			7.00	7.00				7.00	7.00															28.00	
Lipase	Y	4.00	10.00	11.60			10.00	10.00				10.00	10.00															40.00	
Lipid Panel	Y	15.00	36.00	41.76			36.00	36.00					36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00			540.00	
12-Lead ECG, Every other cycle past cycle 7	Y	54.00	54.00	62.64		162.00		162.00	162.00		324.00	324.00	324.00	324.00		324.00		162.00		162.00		162.00		162.00	162.00			2,916.00	
Pembrolizumab Q3W	Y	13.00	228.00	264.48				228.00					228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00				2,964.00	
PK Sampling	Y	27.00	25.00	29.00				25.00	150.00	25.00	50.00	175.00	50.00	75.00		75.00		25.00							25.00			675.00	
Blood for ctDNA biomarkers	Y	6.00	25.00	29.00		25.00		25.00					25.00	25.00		25.00									25.00			150.00	
Central Lab Shipping and Handling	Y	10.00	20.00	23.20		20.00		20.00		20.00	20.00	20.00	20.00	20.00		20.00		20.00							20.00			200.00	
Telephone contact for survival status	Y	1.00	20.00	23.20																							20.00	20.00	
Per Patient Activity Totals:					212.40	562.05	341.60	821.60	370.00	121.00	679.00	839.00	1,074.00	1,067.00	622.00	1,067.00	622.00	830.00	622.00	785.00	622.00	785.00	622.00	762.00	615.00	38.00	20.00	14,099.65	38.00

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Physician's Fees without Exam Costs, Per Visit	Y	20.50	82.00	95.12	82.00	82.00	82.00	82.00		82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	41.00		1,681.00	82.00
Study Coordinator Fee Per Visit	Y	21.00	61.00	70.76	61.00	61.00	61.00	61.00		61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	30.50	30.50	1,281.00	61.00
Pharm Dispense - Pembrolizumab Q3W	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - RMC-6291	Y	13.00	24.00	27.84				24.00					24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00				312.00	
Per Patient Other Direct Cost Totals:					143.00	143.00	143.00	225.00	0.00	143.00	143.00	143.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00	143.00	71.50	30.50	4,028.00	143.00

Patient Cost For Standard Items

	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Costs Not Charged with Overhead																									
Costs Charged with Overhead	355.40	705.05	484.60	1,046.60	370.00	264.00	822.00	982.00	1,299.00	1,292.00	847.00	1,292.00	847.00	1,055.00	847.00	1,010.00	847.00	1,010.00	847.00	987.00	758.00	109.50	50.50	18,127.65	181.00
Overhead at 16%	56.86	112.81	77.54	167.46	59.20	42.24	131.52	157.12	207.84	206.72	135.52	206.72	135.52	168.80	135.52	161.60	135.52	161.60	135.52	157.92	121.28	17.52	8.08	2,900.42	28.96
Selected Cost Per Visit	412.26	817.86	562.14	1,214.06	429.20	306.24	953.52	1,139.12	1,506.84	1,498.72	982.52	1,498.72	982.52	1,223.80	982.52	1,171.60	982.52	1,171.60	982.52	1,144.92	879.28	127.02	58.58	21,028.07	209.96

Invoiceable

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Brain MRI With Contrast, Per timepoint (when clincally indicated)	Y	1.00	805.00	933.80	805.00																							805.00	
Bone scan, Per timepoint (when clincally indicated)	Y	6.00	254.00	294.64	254.00									254.00		254.00		254.00			254.00			254.00				1,524.00	
Archival Tumor Tissue, Per timepoint (when clincally indicated)	Y	1.00	150.00	174.00	150.00																							150.00	
Fresh Biopsy, Per timepoint (when clincally indicated)	Y	2.00	360.00	417.60	360.00																				360.00			720.00	
Biopsy Sample Handling Simple, Per timepoint (when clincally indicated)	Y	1.00	105.00	121.80	105.00																							105.00	
ECHO/MUGA (if clinically indicated)	Y	1.00	569.00	660.04	569.00																							569.00	
Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	7.00	8.12		7.00	7.00	7.00						7.00		7.00		7.00		7.00		7.00		7.00	7.00			70.00	
Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	16.00	18.56		16.00	16.00	16.00						16.00		16.00		16.00		16.00		16.00		16.00	16.00			160.00	
Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	7.00	8.12																				7.00				7.00	
Urinalysis (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	16.00	18.56																				16.00				16.00	
T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)	Y	1.00	22.00	25.52																				22.00				22.00	
Amylase, Per timepoint (when clincally indicated)	Y	1.00	7.00	8.12																									
Lipase, Per timepoint (when clincally indicated)	Y	1.00	10.00	11.60																									
12-Lead ECG (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	54.00	62.64																				54.00				54.00	
Total body CT scan w/ Contrast (when clinically indicated)	Y	8.00	836.00	969.76	836.00									836.00		836.00		836.00			836.00			836.00				6,688.00	
Chest MRI, Per timepoint (when clincally indicated)	Y	8.00	962.00	1,115.92	962.00									962.00		962.00		962.00			962.00			962.00	962.00	962.00		7,696.00	
Abdomen MRI, Per timepoint (when clincally indicated)	Y	8.00	611.00	708.76	611.00									611.00		611.00		611.00			611.00			611.00	611.00	611.00		4,888.00	
RECIST, Per timepoint (when clincally indicated)	Y	6.00	17.00	19.72	17.00									17.00		17.00		17.00			17.00			17.00				102.00	
KRAS mutation analysis	Y	1.00	700.00	812.00	700.00																							700.00	
Dexamethasone - tablets / 4 mg, 30 tablets	Y	1.00	20.26	20.26	20.26																							20.26	
Dexamethasone - injectable solution / 4 mg/ml, 10	Y	1.00	5.10	5.10	5.10																							5.10	
Cyanocobalamin - tablet / 1000 mcg / 5	Y	1.00	4.71	4.71	4.71																							4.71	
Folic acid - tablet / 400 mcg / 120 tablets	Y	1.00	13.40	13.40	13.40																							13.40	
Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	N	22.00	235.00	235.00	235.00	235.00	235.00	235.00		235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	5,170.00	235.00
Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	N	22.00	253.00	253.00	253.00	253.00	253.00	253.00		253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	5,566.00	253.00
Patient Travel Reimbursement Mileage (per 100m/160Km), up to	N	22.00	55.00	55.00	55.00	55.00	55.00	55.00		55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	1,210.00	55.00
Patient Reimbursement Parking/Tolls (per visit day), up to	N	22.00	19.00	19.00	19.00	19.00	19.00	19.00		19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	418.00	19.00
Patient Reimbursement Meals (per day-3x), up to	N	22.00	28.00	28.00	28.00	28.00	28.00	28.00		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	616.00	28.00
Patient Reimbursement Meal (per day-1x), up to	N	22.00	11.00	11.00	11.00	11.00	11.00	11.00		11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	242.00	11.00

** Patient Travel Reimbursement to be invoiced, only if the site is Not using the third party vendor Scout**

Site Level Other Direct Costs

Name	Frequency	OH?	Selected Cost	Total cost
Archiving/Document storage/per site for 25 yrs	one - time	N	5,000.00	5,000.00
Pharmacy set-up fee	one - time	N	400.00	400.00
Site Start-up Costs	one - time	N	3,500.00	3,500.00

Trial Information

Trial Name: RMC-LUNG-101*
Arm: Subprotocol A Cohort 2 (Part 2 Dose Exploration_Cohorts A1 & A2)
Project: Revolution Medicines, Inc.
Phase: Phase1b/2
Indication: 162.9, Neoplasm, Malignant, of Bronchus & Lung, Unspecified (Lung Cancer, Pulmonary Cancer)
Title: A Phase 1b/2, Multicenter Study of RMC-6291, With or Without RMC-6236, in Combination with Other Anti-Cancer Agents, in Patients with RAS G12C-Mutated Non-Small Cell Lung Cancer - Subprotocols A, B & C
Protocol Version: Amendment 5 (V6.0) 16 September 2024

Budget Information

Standard
Total Cost per Patient Excluding C1D1 Predose Screen Failure: 25,572.26

Location: Italy
Overhead Percent: 16.00%
Currency: EUR-euro

PI:
Institution:
Date:

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Informed Consent Process	Y	1.00	34.00	39.44	34.00																							34.00	
Demographics, medical/surgical/cancer histories (Including documentation of Tumor pathology and genotypic mutations)	Y	1.00	25.00	29.00	25.00																							25.00	
body weight, height	Y	1.00	26.00	30.16	26.00																							26.00	
Complete Physical Examination to include: Vitals signs and pulse oximetry, body weight	Y	14.00	126.00	146.16		126.00							126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00			1,764.00	
Limited Physical examination to include body weight at C1D1 only, Vital signs and pulse oximetry	Y	4.00	116.00	134.56			116.00	116.00			116.00	116.00																464.00	
Vital signs and pulse oximetry	Y	2.00	26.00	30.16					26.00	26.00																		52.00	
ECOG	Y	17.00	18.00	20.88		18.00	18.00	18.00				18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00				306.00	
Review Concomitant Medications	Y	20.00	18.00	20.88		18.00	18.00	18.00		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00			360.00	18.00
Adverse Events Assessment	Y	20.00	20.00	23.20		20.00		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			400.00	20.00
Assessment and documentation of study treatment compliance	Y	16.00	12.00	13.92					12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00				192.00	
Hematology panel	Y	17.60	20.00	23.20		20.00	16.00	16.00			20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			352.00	
Chemistry panel	Y	17.60	99.00	114.84		99.00	79.20	79.20			99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00			1,742.40	
Coagulation tests PTT/aPTT	Y	8.60	7.00	8.12		7.00	5.60	5.60						7.00		7.00		7.00		7.00		7.00			7.00			60.20	
eGFR (renal function)	Y	16.00	6.00	6.96	6.00		6.00	6.00					6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00			96.00	
Urinalysis	Y	9.60	16.00	18.56		16.00	12.80	12.80					16.00	16.00		16.00		16.00		16.00		16.00			16.00			153.60	
T3 or FT3, FT4, TSH	Y	7.00	22.00	25.52	22.00								22.00		22.00		22.00		22.00		22.00		22.00					154.00	
Pregnancy test	Y	8.00	34.00	39.44		17.00	17.00	17.00					17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00				272.00	
FSH and estradiol, if needed	Y	0.10	46.00	53.36		4.60																						4.60	
Hepatitis B & C tests -HBsAg	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HCVAb	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HBsAb	Y	1.00	21.00	24.36	21.00																							21.00	
Hepatitis B core immunoglobulin M antibody, Per timepoint (if required)	Y	0.10	29.00	33.64	2.90																							2.90	
Hepatitis B Surface Antibody, Per timepoint (if required)	Y	0.10	21.00	24.36	2.10																							2.10	
Hepatitis B Viral Load, Per timepoint (if required)	Y	0.10	65.00	75.40	6.50																							6.50	
Hepatitis C RNA, Per timepoint (if required)	Y	0.10	89.00	103.24	8.90																							8.90	
CD4+ T-cell count and HIV RNA test will be performed for HIV-infected patients only	Y	0.05	189.00	219.24		9.45																						9.45	
Amylase	Y	4.00	7.00	8.12			7.00	7.00				7.00	7.00															28.00	
Lipase	Y	4.00	10.00	11.60			10.00	10.00				10.00	10.00															40.00	
Lipid Panel	Y	15.00	36.00	41.76			36.00	36.00					36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00			540.00	
12-Lead ECG, Every other cycle past cycle 7	Y	54.00	54.00	62.64		162.00		162.00	162.00		324.00	324.00	324.00	324.00		324.00		162.00		162.00		162.00		162.00	162.00			2,916.00	
Pembrolizumab Q3W	Y	13.00	228.00	264.48				228.00					228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00				2,964.00	
Pemetrexed	Y	13.00	198.00	229.68				198.00					198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00				2,574.00	
Cisplatin/Carboplatin	Y	4.00	198.00	229.68				198.00					198.00	198.00	198.00													792.00	
PK Sampling	Y	29.00	25.00	29.00				25.00	175.00	25.00	50.00	200.00	50.00	75.00		75.00		25.00							25.00			725.00	
Blood for ctDNA biomarkers	Y	6.00	25.00	29.00		25.00		25.00					25.00	25.00		25.00									25.00			150.00	
Central Lab Shipping and Handling	Y	10.00	20.00	23.20		20.00		20.00		20.00	20.00	20.00	20.00	20.00		20.00		20.00							20.00			200.00	
Telephone contact for survival status	Y	1.00	20.00	23.20																							20.00	20.00	
	Per Patient Activity Totals:				212.40	562.05	341.60	1,217.60	395.00	121.00	679.00	864.00	1,470.00	1,463.00	1,018.00	1,265.00	820.00	1,028.00	820.00	983.00	820.00	983.00	820.00	960.00	615.00	38.00	20.00	17,515.65	38.00

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Physician's Fees without Exam Costs, Per Visit	Y	20.50	82.00	95.12	82.00	82.00	82.00	82.00		82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	41.00		1,681.00	82.00
Study Coordinator Fee Per Visit	Y	21.00	61.00	70.76	61.00	61.00	61.00	61.00		61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	30.50	30.50	1,281.00	61.00
Pharm Dispense - Pembrolizumab	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - RMC-6291	Y	13.00	24.00	27.84				24.00					24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00				312.00	
Pharm Dispense - Pemetrexed	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - Cisplatin/Carboplatin	Y	4.00	58.00	67.28				58.00					58.00	58.00	58.00													232.00	
	Per Patient Other Direct Cost Totals:				143.00	143.00	143.00	341.00	0.00	143.00	143.00	143.00	341.00	341.00	341.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	143.00	71.50	30.50	4,028.00	143.00

Patient Cost For Standard Items

	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Costs Not Charged with Overhead																									
Costs Charged with Overhead	355.40	705.05	484.60	1,558.60	395.00	264.00	822.00	1,007.00	1,811.00	1,804.00	1,359.00	1,548.00	1,103.00	1,311.00	1,103.00	1,266.00	1,103.00	1,266.00	1,103.00	1,243.00	758.00	109.50	50.50	22,529.65	181.00
Overhead at 16%	56.86	112.81	77.54	249.38	63.20	42.24	131.52	161.12	289.76	288.64	217.44	247.68	176.48	209.76	176.48	202.56	176.48	202.56	176.48	198.88	121.28	17.52	8.08	3,604.74	28.96
Selected Cost Per Visit	412.26	817.86	562.14	1,807.98	458.20	306.24	953.52	1,168.12	2,100.76	2,092.64	1,576.44	1,795.68	1,279.48	1,520.76	1,279.48	1,468.56	1,279.48	1,468.56	1,279.48	1,441.88	879.28	127.02	58.58	26,134.39	209.96

Invoiceable

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Brain MRI With Contrast, Per timepoint (when clincally indicated)	Y	1.00	805.00	933.80	805.00																							805.00	
Bone scan, Per timepoint (when clincally indicated)	Y	6.00	254.00	294.64	254.00									254.00		254.00		254.00			254.00			254.00				1,524.00	
Archival Tumor Tissue, Per timepoint (when clincally indicated)	Y	1.00	150.00	174.00	150.00																							150.00	
Fresh Biopsy, Per timepoint (when clincally indicated)	Y	2.00	360.00	417.60	360.00																				360.00			720.00	
Biopsy Sample Handling Simple, Per timepoint (when clincally indicated)	Y	1.00	105.00	121.80	105.00																							105.00	
ECHO/MUGA (if clincally indicated)	Y	1.00	569.00	660.04	569.00																							569.00	
Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	7.00	8.12		7.00	7.00	7.00						7.00		7.00		7.00		7.00		7.00		7.00	7.00			70.00	
Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	16.00	18.56		16.00	16.00	16.00						16.00		16.00		16.00		16.00		16.00		16.00	16.00			160.00	
Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	7.00	8.12																				7.00				7.00	
Urinalysis (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	16.00	18.56																				16.00				16.00	
T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)	Y	1.00	22.00	25.52																				22.00				22.00	
Amylase, Per timepoint (when clincally indicated)	Y	1.00	7.00	8.12																									
Lipase, Per timepoint (when clincally indicated)	Y	1.00	10.00	11.60																									
12-Lead ECG (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	54.00	62.64																				54.00				54.00	
Total body CT scan w/ Contrast (when clinically indicated)	Y	8.00	836.00	969.76	836.00									836.00		836.00		836.00			836.00			836.00				6,688.00	
Chest MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	962.00	1,115.92	962.00									962.00		962.00		962.00			962.00			962.00	962.00	962.00		7,696.00	
Abdomen MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	611.00	708.76	611.00									611.00		611.00		611.00			611.00			611.00	611.00	611.00		4,888.00	
RECIST, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	6.00	17.00	19.72	17.00									17.00		17.00		17.00			17.00			17.00				102.00	
KRAS mutation analysis	Y	1.00	700.00	812.00	700.00																							700.00	
Dexamethasone - tablets / 4 mg, 30 tablets	Y	1.00	20.26	20.26	20.26																							20.26	
Dexamethasone - injectable solution / 4 mg/ml, 10	Y	1.00	5.10	5.10	5.10																							5.10	
Cyanocobalamin - tablet / 1000 mcg / 5	Y	1.00	4.71	4.71	4.71																							4.71	
Folic acid - tablet / 400 mcg / 120 tablets	Y	1.00	13.40	13.40	13.40																							13.40	
Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	N	22.00	235.00	235.00	235.00	235.00	235.00	235.00		235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	5,170.00	235.00
Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	N	22.00	253.00	253.00	253.00	253.00	253.00	253.00		253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	5,566.00	253.00
Patient Travel Reimbursement Mileage (per 100m/160Km), up to	N	22.00	55.00	55.00	55.00	55.00	55.00	55.00		55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	1,210.00	55.00
Patient Reimbursement Parking/Tolls (per visit day), up to	N	22.00	19.00	19.00	19.00	19.00	19.00	19.00		19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	418.00	19.00
Patient Reimbursement Meals (per day-1x), up to	N	22.00	28.00	28.00	28.00	28.00	28.00	28.00		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	616.00	28.00
Patient Reimbursement Meal (per day-1x), up to	N	22.00	11.00	11.00	11.00	11.00	11.00	11.00		11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	242.00	11.00

Trial Information

Trial Name: RMC-LUNG-101*
Arm: Subprotocol A Cohorts 3 & 5 (Part 2 Dose Exploration _Cohorts A3 & A5)
Project: Revolution Medicines, Inc.
Phase: Phase1b/2
Indication: 162.9, Neoplasm, Malignant, of Bronchus & Lung, Unspecified (Lung Cancer, Pulmonary Cancer)
Title: A Phase 1b/2, Multicenter Study of RMC-6291, With or Without RMC-6236, in Combination with Other Anti-Cancer Agents, in Patients with RAS G12C-Mutated Non-Small Cell Lung Cancer - Subprotocols A, B & C
Protocol Version: Amendment 5 (V6.0) 16 September 2024

Budget Information

	Standard
Total Cost per Patient Excluding C1D1 Predose Screen Failure:	20,885.86

Location: Italy
Overhead Percent: 16.00%
Currency: EUR-euro
PI:
Institution:
Date:

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Informed Consent Process	Y	1.00	34.00	39.44	34.00																							34.00	
Demographics, medical/surgical/cancer histories (Including documentation of Tumor pathology and genotypic mutations)	Y	1.00	25.00	29.00	25.00																							25.00	
body weight, height	Y	1.00	26.00	30.16	26.00																							26.00	
Complete Physical Examination to include: Vitals signs and pulse oximetry, body weight	Y	14.00	126.00	146.16		126.00							126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00			1,764.00	
Limited Physical examination to include body weight at C1D1 only , Vital signs and pulse oximetry	Y	4.00	116.00	134.56			116.00	116.00			116.00	116.00																464.00	
Vital signs and pulse oximetry	Y	2.00	26.00	30.16					26.00	26.00																		52.00	
ECOG	Y	17.00	18.00	20.88		18.00	18.00	18.00				18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00			306.00	
Review Concomitant Medications	Y	20.00	18.00	20.88		18.00	18.00	18.00		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		360.00	18.00
Adverse Events Assessment	Y	20.00	20.00	23.20		20.00		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00		400.00	20.00
Assessment and documentation of study treatment compliance	Y	16.00	12.00	13.92					12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00				192.00	
Hematology panel	Y	17.60	20.00	23.20		20.00	16.00	16.00			20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			352.00	
Chemistry panel	Y	17.60	99.00	114.84		99.00	79.20	79.20			99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00			1,742.40	
Coagulation tests PTT/aPTT	Y	8.60	7.00	8.12		7.00	5.60	5.60						7.00		7.00		7.00		7.00		7.00			7.00			60.20	
Creatinine: Clearance (GFR)	Y	16.00	6.00	6.96	6.00		6.00	6.00					6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00			96.00	
Urinalysis	Y	9.60	16.00	18.56		16.00	12.80	12.80					16.00	16.00		16.00		16.00		16.00		16.00			16.00			153.60	
T3 or FT3, FT4, TSH	Y	7.00	22.00	25.52	22.00								22.00		22.00		22.00		22.00		22.00		22.00					154.00	
Pregnancy test	Y	8.00	34.00	39.44		17.00	17.00	17.00					17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00				272.00	
FSH and estradiol, if needed	Y	0.10	46.00	53.36		4.60																						4.60	
Hepatitis B & C tests -HBsAg	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HCVAb	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HBsAb	Y	1.00	21.00	24.36	21.00																							21.00	
Hepatitis B core immunoglobulin M antibody, Per timepoint (if required)	Y	0.10	29.00	33.64	2.90																							2.90	
Hepatitis B Surface Antibody, Per timepoint (if required)	Y	0.10	21.00	24.36	2.10																							2.10	
Hepatitis B Viral Load, Per timepoint (if required)	Y	0.10	65.00	75.40	6.50																							6.50	
Hepatitis C RNA, Per timepoint (if required)	Y	0.10	89.00	103.24	8.90																							8.90	
CD4+ T-cell count and HIV RNA test will be performed for HIV-infected patients only	Y	0.05	189.00	219.24		9.45																						9.45	
Amylase	Y	4.00	7.00	8.12			7.00	7.00				7.00	7.00															28.00	
Lipase	Y	4.00	10.00	11.60			10.00	10.00				10.00	10.00															40.00	
Lipid Panel	Y	15.00	36.00	41.76			36.00	36.00					36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00				540.00	
12-Lead ECG, Every other cycle past cycle 7	Y	54.00	54.00	62.64		162.00		162.00	162.00		324.00	324.00	324.00	324.00		324.00		162.00		162.00		162.00		162.00	162.00			2,916.00	
Pembrolizumab Q3W	Y	13.00	228.00	264.48				228.00					228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00					2,964.00	
PK Sampling	Y	29.00	25.00	29.00				25.00	175.00	25.00	50.00	200.00	50.00	75.00		75.00		25.00							25.00			725.00	
Blood for ctDNA biomarkers	Y	6.00	25.00	29.00		25.00		25.00					25.00	25.00		25.00									25.00			150.00	
Central Lab Shipping and Handling	Y	10.00	20.00	23.20		20.00		20.00		20.00	20.00	20.00	20.00	20.00		20.00		20.00							20.00			200.00	
Telephone contact for survival status	Y	1.00	20.00	23.20																							20.00	20.00	
Per Patient Activity Totals:					212.40	562.05	341.60	821.60	395.00	121.00	679.00	864.00	1,074.00	1,067.00	622.00	1,067.00	622.00	830.00	622.00	785.00	622.00	785.00	622.00	762.00	615.00	38.00	20.00	14,149.65	38.00

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Physician's Fees without Exam Costs, Per Visit	Y	20.50	82.00	95.12	82.00	82.00	82.00	82.00		82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	41.00		1,681.00	82.00
Study Coordinator Fee Per Visit	Y	21.00	61.00	70.76	61.00	61.00	61.00	61.00		61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	30.50	30.50	1,281.00	61.00
Pharm Dispense - Pembrolizumab	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - RMC-6291	Y	13.00	24.00	27.84				24.00					24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00				312.00	
Pharm Dispense - RMC-6236	Y	13.00	24.00	27.84				24.00					24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00				312.00	
Per Patient Other Direct Cost Totals:					143.00	143.00	143.00	249.00	0.00	143.00	143.00	143.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	249.00	143.00	71.50	30.50	4,028.00	143.00

Patient Cost For Standard Items

	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Costs Not Charged with Overhead																									
Costs Charged with Overhead	355.40	705.05	484.60	1,070.60	395.00	264.00	822.00	1,007.00	1,323.00	1,316.00	871.00	1,316.00	871.00	1,079.00	871.00	1,034.00	871.00	1,034.00	871.00	1,011.00	758.00	109.50	50.50	18,489.65	181.00
Overhead at 16%	56.86	112.81	77.54	171.30	63.20	42.24	131.52	161.12	211.68	210.56	139.36	210.56	139.36	172.64	139.36	165.44	139.36	165.44	139.36	161.76	121.28	17.52	8.08	2,958.34	28.96
Selected Cost Per Visit	412.26	817.86	562.14	1,241.90	458.20	306.24	953.52	1,168.12	1,534.68	1,526.56	1,010.36	1,526.56	1,010.36	1,251.64	1,010.36	1,199.44	1,010.36	1,199.44	1,010.36	1,172.76	879.28	127.02	58.58	21,447.99	209.96

Invoiceable

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Brain MRI With Contrast, Per timepoint (when clincally indicated)	Y	1.00	805.00	933.80	805.00																							805.00	
Bone scan, Per timepoint (when clincally indicated)	Y	6.00	254.00	294.64	254.00									254.00		254.00		254.00			254.00			254.00				1,524.00	
Archival Tumor Tissue, Per timepoint (when clincally indicated)	Y	1.00	150.00	174.00	150.00																							150.00	
Fresh Biopsy, Per timepoint (when clincally indicated)	Y	2.00	360.00	417.60	360.00																				360.00			720.00	
Biopsy Sample Handling Simple, Per timepoint (when clincally indicated)	Y	1.00	105.00	121.80	105.00																							105.00	
ECHO/MUGA (if clinically indicated)	Y	1.00	569.00	660.04	569.00																							569.00	
Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	7.00	8.12		7.00	7.00	7.00						7.00		7.00		7.00		7.00		7.00		7.00	7.00			70.00	
Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	16.00	18.56		16.00	16.00	16.00						16.00		16.00		16.00		16.00		16.00		16.00	16.00			160.00	
Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	7.00	8.12																				7.00				7.00	
Urinalysis (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	16.00	18.56																				16.00				16.00	
T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)	Y	1.00	22.00	25.52																				22.00				22.00	
Amylase, Per timepoint (when clincally indicated)	Y		7.00	8.12																									
Lipase, Per timepoint (when clincally indicated)	Y		10.00	11.60																									
12-Lead ECG (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	54.00	62.64																				54.00				54.00	
Total body CT scan w/ Contrast (when clinically indicated)	Y	6.00	836.00	969.76	836.00									836.00		836.00		836.00			836.00			836.00				5,016.00	
Chest MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	962.00	1,115.92	962.00									962.00		962.00		962.00			962.00			962.00	962.00	962.00		7,696.00	
Abdomen MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	611.00	708.76	611.00									611.00		611.00		611.00			611.00			611.00	611.00	611.00		4,888.00	
RECIST, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	6.00	17.00	19.72	17.00									17.00		17.00		17.00			17.00			17.00				102.00	
KRAS mutation analysis	Y	1.00	700.00	812.00	700.00																							700.00	
Dexamethasone - tablets / 4 mg, 30 tablets	Y	1.00	20.26	20.26	20.26																							20.26	
Dexamethasone - injectable solution / 4 mg/ml, 10	Y	1.00	5.10	5.10	5.10																							5.10	
Cyanocobalamin - tablet / 1000 mcg / 5	Y	1.00	4.71	4.71	4.71																							4.71	
Folic acid - tablet / 400 mcg / 120 tablets	Y	1.00	13.40	13.40	13.40																							13.40	
Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	N	22.00	235.00	235.00	235.00	235.00	235.00	235.00		235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	5,170.00	235.00
Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	N	22.00	253.00	253.00	253.00	253.00	253.00	253.00		253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	5,566.00	253.00
Patient Travel Reimbursement Mileage (per 100m/160Km), up to	N	22.00	55.00	55.00	55.00	55.00	55.00	55.00		55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	1,210.00	55.00
Patient Reimbursement Parking/Tolls (per visit day), up to	N	22.00	19.00	19.00	19.00	19.00	19.00	19.00		19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	418.00	19.00
Patient Reimbursement Meals (per day-1x), up to	N	22.00	28.00	28.00	28.00	28.00	28.00	28.00		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	616.00	28.00
Patient Reimbursement Meal (per day-1x), up to	N	22.00	11.00	11.00	11.00	11.00	11.00	11.00		11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	242.00	11.00

Patient Cost For Standard Items

	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Costs Not Charged with Overhead																									
Costs Charged with Overhead	355.40	705.05	484.60	1,046.60	345.00	264.00	822.00	957.00	1,137.00	1,130.00	847.00	1,130.00	847.00	1,055.00	847.00	1,010.00	847.00	1,010.00	847.00	987.00	758.00	109.50	50.50	17,591.65	181.00
Overhead at 16%	56.86	112.81	77.54	167.46	55.20	42.24	131.52	153.12	181.92	180.80	135.52	180.80	135.52	168.80	135.52	161.60	135.52	161.60	135.52	157.92	121.28	17.52	8.08	2,814.66	28.96
Selected Cost Per Visit	412.26	817.86	562.14	1,214.06	400.20	306.24	953.52	1,110.12	1,318.92	1,310.80	982.52	1,310.80	982.52	1,223.80	982.52	1,171.60	982.52	1,171.60	982.52	1,144.92	879.28	127.02	58.58	20,406.31	209.96

Invoiceable

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Brain MRI With Contrast, Per timepoint (when clincally indicated)	Y	1.00	805.00	933.80	805.00																							805.00	
Bone scan, Per timepoint (when clincally indicated)	Y	6.00	254.00	294.64	254.00									254.00		254.00		254.00			254.00			254.00				1,524.00	
Archival Tumor Tissue, Per timepoint (when clincally indicated)	Y	1.00	150.00	174.00	150.00																							150.00	
Fresh Biopsy, Per timepoint (when clincally indicated)	Y	2.00	360.00	417.60	360.00																				360.00			720.00	
Biopsy Sample Handling Simple, Per timepoint (when clincally indicated)	Y	1.00	105.00	121.80	105.00																							105.00	
ECHO/MUGA (if clinically indicated)	Y	1.00	569.00	660.04	569.00																							569.00	
Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	7.00	8.12		7.00	7.00	7.00						7.00		7.00		7.00		7.00		7.00		7.00	7.00			70.00	
Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	16.00	18.56		16.00	16.00	16.00						16.00		16.00		16.00		16.00		16.00		16.00	16.00			160.00	
Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	7.00	8.12																				7.00				7.00	
Urinalysis (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	16.00	18.56																				16.00				16.00	
T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)	Y	1.00	22.00	25.52																				22.00				22.00	
Amylase, Per timepoint (when clincally indicated)	Y	1.00	7.00	8.12																									
Lipase, Per timepoint (when clincally indicated)	Y	1.00	10.00	11.60																									
12-Lead ECG (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	54.00	62.64																				54.00				54.00	
Total body CT scan w/ Contrast (when clinically indicated)	Y	8.00	836.00	836.00	836.00									836.00		836.00		836.00			836.00			836.00				6,688.00	
Chest MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	962.00	1,115.92	962.00									962.00		962.00		962.00			962.00			962.00	962.00	962.00		7,696.00	
Abdomen MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	611.00	708.76	611.00									611.00		611.00		611.00			611.00			611.00	611.00	611.00		4,888.00	
RECIST, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	6.00	17.00	19.72	17.00									17.00		17.00		17.00			17.00			17.00				102.00	
KRAS mutation analysis	Y	1.00	700.00	700.00	700.00																							700.00	
Dexamethasone - tablets / 4 mg, 30 tablets	Y	1.00	20.26	20.26	20.26																							20.26	
Dexamethasone - injectable solution / 4 mg/ml, 10	Y	1.00	5.10	5.10	5.10																							5.10	
Cyanocobalamin - tablet / 1000 mcg / 5	Y	1.00	4.71	4.71	4.71																							4.71	
Folic acid - tablet / 400 mcg / 120 tablets	Y	1.00	13.40	13.40	13.40																							13.40	
Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	N	22.00	235.00	235.00	235.00	235.00	235.00	235.00		235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	5,170.00	235.00
Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	N	22.00	253.00	253.00	253.00	253.00	253.00	253.00		253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	5,566.00	253.00
Patient Travel Reimbursement Mileage (per 100m/160Km), up to	N	22.00	55.00	55.00	55.00	55.00	55.00	55.00		55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	1,210.00	55.00
Patient Reimbursement Parking/Tolls (per visit day), up to	N	22.00	19.00	19.00	19.00	19.00	19.00	19.00		19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	418.00	19.00
Patient Reimbursement Meals (per day-3x), up to	N	22.00	28.00	28.00	28.00	28.00	28.00	28.00		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	616.00	28.00
Patient Reimbursement Meal (per day-1x), up to	N	22.00	11.00	11.00	11.00	11.00	11.00	11.00		11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	242.00	11.00

Trial Information

Trial Name: RMC-LUNG-101*
Arm: Subprotocol B Cohort 2 (Part 2 Dose Exploration_B1 & B2)
Project: Revolution Medicines, Inc.
Phase: Phase1b/2
Indication: 162.9, Neoplasm, Malignant, of Bronchus & Lung, Unspecified (Lung Cancer, Pulmonary Cancer)
Title: A Phase 1b/2, Multicenter Study of RMC-6291, With or Without RMC-6236, in Combination with Other Anti-Cancer Agents, in Patients with RAS G12C-Mutated Non-Small Cell Lung Cancer - Subprotocols A, B & C
Protocol Version: Amendment 5 (V6.0) 16 September 2024

Budget Information

Standard
Total Cost per Patient Excluding C1D1 Predose Screen Failure: 24,892.50

Location: Italy
Overhead Percent: 16.00%
Currency: EUR-euro

PI:
Institution:
Date:

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Informed Consent Process	Y	1.00	34.00	39.44	34.00																							34.00	
Demographics, medical/surgical/cancer histories (Including documentation of tumor pathology and genotyping mutations)	Y	1.00	25.00	29.00	25.00																							25.00	
body weight, height	Y	1.00	26.00	30.16	26.00																							26.00	
Complete Physical Examination to include: Vitals signs and pulse oximetry, body weight	Y	14.00	126.00	146.16		126.00							126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00	126.00			1,764.00	
Limited Physical examination to include body weight at C1D1 only, Vital signs and pulse oximetry	Y	4.00	116.00	134.56			116.00	116.00			116.00	116.00																464.00	
Vital signs and pulse oximetry	Y	2.00	26.00	30.16					26.00	26.00																		52.00	
ECOG	Y	17.00	18.00	20.88		18.00	18.00	18.00				18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00			306.00	
Review Concomitant Medications	Y	20.00	18.00	20.88		18.00	18.00	18.00		18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00		360.00	18.00
Adverse Events Assessment	Y	20.00	20.00	23.20		20.00		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00		400.00	20.00
Assessment and documentation of study treatment compliance	Y	16.00	12.00	13.92					12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00				192.00	
Hematology panel	Y	17.60	20.00	23.20		20.00	16.00	16.00			20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00			352.00	
Chemistry panel	Y	17.60	99.00	114.84		99.00	79.20	79.20			99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00			1,742.40	
Coagulation tests PTT/aPTT	Y	8.60	7.00	8.12		7.00	5.60	5.60						7.00		7.00		7.00		7.00		7.00		7.00	7.00			60.20	
Creatinine; Clearance (GFR)	Y	16.00	6.00	6.96	6.00		6.00	6.00					6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00			96.00	
Urinalysis	Y	9.60	16.00	18.56		16.00	12.80	12.80					16.00	16.00		16.00		16.00		16.00		16.00		16.00				153.60	
T3 or FT3, FT4, TSH	Y	7.00	22.00	25.52	22.00								22.00		22.00		22.00		22.00		22.00		22.00					154.00	
Pregnancy test	Y	8.00	34.00	39.44		17.00	17.00	17.00					17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00			272.00	
FSH and estradiol, if needed	Y	0.10	46.00	53.36		4.60																						4.60	
Hepatitis B & C tests -HBsAg	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HCVAb	Y	1.00	29.00	33.64	29.00																							29.00	
Hepatitis B & C tests -HBsAb	Y	1.00	21.00	24.36	21.00																							21.00	
Hepatitis B core immunoglobulin M antibody, Per timepoint (if required)	Y	0.10	29.00	33.64	2.90																							2.90	
Hepatitis B Surface Antibody, Per timepoint (if required)	Y	0.10	21.00	24.36	2.10																							2.10	
Hepatitis B Viral Load, Per timepoint (if required)	Y	0.10	65.00	75.40	6.50																							6.50	
Hepatitis C RNA, Per timepoint (if required)	Y	0.10	89.00	103.24	8.90																							8.90	
CD4+ T-cell count and HIV RNA test will be performed for HIV-infected patients only	Y	0.05	189.00	219.24		9.45																						9.45	
Amylase	Y	4.00	7.00	8.12			7.00	7.00				7.00	7.00															28.00	
Lipase	Y	4.00	10.00	11.60			10.00	10.00				10.00	10.00															40.00	
Lipid Panel	Y	15.00	36.00	41.76			36.00	36.00					36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00			540.00	
12-Lead ECG, Every other Cycle past Cycle 7	Y	45.00	54.00	62.64		162.00		162.00	162.00		324.00	324.00	162.00	162.00		162.00		162.00		162.00		162.00		162.00	162.00			2,430.00	
Pembrolizumab Q3W	Y	13.00	228.00	264.48				228.00					228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00	228.00				2,964.00	
Pemetrexed	Y	13.00	198.00	229.68				198.00					198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00	198.00				2,574.00	
Cisplatin/Carboplatin	Y	4.00	198.00	229.68				198.00					198.00	198.00	198.00													792.00	
PK Sampling	Y	25.00	25.00	29.00				25.00	125.00	25.00	50.00	150.00	50.00	75.00		75.00		25.00							25.00			625.00	
Blood for ctDNA biomarkers	Y	6.00	25.00	29.00		25.00		25.00					25.00	25.00		25.00									25.00			150.00	
Central Lab Shipping and Handling	Y	10.00	20.00	23.20		20.00		20.00		20.00	20.00	20.00	20.00	20.00		20.00		20.00							20.00			200.00	
Telephone contact for survival status	Y	1.00	20.00	23.20																							20.00	20.00	
Per Patient Activity Totals:					212.40	562.05	341.60	1,217.60	345.00	121.00	679.00	814.00	1,308.00	1,301.00	1,018.00	1,103.00	820.00	1,028.00	820.00	983.00	820.00	983.00	820.00	960.00	615.00	38.00	20.00	16,929.65	38.00

Standard Items Per Patient

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Physician's Fees without Exam Costs, Per Visit	Y	20.50	82.00	95.12	82.00	82.00	82.00	82.00		82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00	41.00		1,681.00	82.00
Study Coordinator Fee Per Visit	Y	21.00	61.00	70.76	61.00	61.00	61.00	61.00		61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	61.00	30.50	30.50	1,281.00	61.00
Pharm Dispense - Pembrolizumab	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - RMC-6236	Y	13.00	24.00	27.84				24.00					24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00				312.00	
Pharm Dispense - Pemetrexed	Y	13.00	58.00	67.28				58.00					58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00	58.00				754.00	
Pharm Dispense - Cisplatin/Carboplatin	Y	4.00	58.00	67.28				58.00					58.00	58.00	58.00													232.00	
Per Patient Other Direct Cost Totals:					143.00	143.00	143.00	341.00	0.00	143.00	143.00	143.00	341.00	341.00	341.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	283.00	143.00	71.50	30.50	4,028.00	143.00

Patient Cost For Standard Items

	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Costs Not Charged with Overhead																									
Costs Charged with Overhead	355.40	705.05	484.60	1,558.60	345.00	264.00	822.00	957.00	1,649.00	1,642.00	1,359.00	1,386.00	1,103.00	1,311.00	1,103.00	1,266.00	1,103.00	1,266.00	1,103.00	1,243.00	758.00	109.50	50.50	21,943.65	181.00
Overhead at 16%	56.86	112.81	77.54	249.38	55.20	42.24	131.52	153.12	263.84	262.72	217.44	221.76	176.48	209.76	176.48	202.56	176.48	202.56	176.48	198.88	121.28	17.52	8.08	3,510.98	28.96
Selected Cost Per Visit	412.26	817.86	562.14	1,807.98	400.20	306.24	953.52	1,110.12	1,912.84	1,904.72	1,576.44	1,607.76	1,279.48	1,520.76	1,279.48	1,468.56	1,279.48	1,468.56	1,279.48	1,441.88	879.28	127.02	58.58	25,454.63	209.96

Invoiceable

Name	OH?	Total Quantity	Selected Cost	Selected Cost including OH (if applicable)	Screening: −28 to −1	Screening: −14 to −1	C1D1 Predose Screen failure	C1D1 Baseline (C1D1 Predose)	C1D1 (Postdose)	C1D2	C1D8	C1D15	C2D1	C3D1	C4D1	C5D1	C6D1	C7D1	C8D1	C9D1	C10D1	C11D1	C12D1	C13D1 +	EOT	Safety Follow Up Phone Call Within 30 d (±5 d) of last dose	Survival Follow Up - 3 month (±2 weeks)	Total	Unscheduled Visit
Brain MRI With Contrast, Per timepoint (when clincally indicated)	Y	1.00	805.00	933.80	805.00																							805.00	
Bone scan, Per timepoint (when clincally indicated)	Y	6.00	254.00	294.64	254.00									254.00		254.00		254.00			254.00			254.00				1,524.00	
Archival Tumor Tissue, Per timepoint (when clincally indicated)	Y	1.00	150.00	174.00	150.00																							150.00	
Fresh Biopsy, Per timepoint (when clincally indicated)	Y	2.00	360.00	417.60	360.00																				360.00			720.00	
Biopsy Sample Handling Simple, Per timepoint (when clincally indicated)	Y	1.00	105.00	121.80	105.00																							105.00	
ECHO/MUGA (if clincally indicated)	Y	1.00	569.00	660.04	569.00																							569.00	
Coagulation Tests PT, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	7.00	8.12		7.00	7.00	7.00						7.00		7.00		7.00		7.00		7.00		7.00	7.00			70.00	
Coagulation tests INR, Per timepoint (Cycle 13 and every other cycle) or (if clincally indicated)	Y	10.00	16.00	18.56		16.00	16.00	16.00						16.00		16.00		16.00		16.00		16.00		16.00	16.00			160.00	
Coagulation tests PTT/aPTT (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	7.00	8.12																				7.00				7.00	
Urinalysis (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	16.00	18.56																				16.00				16.00	
T3 or FT3, FT4, TSH (Cycle 14 and then every 2 cycles)	Y	1.00	22.00	25.52																				22.00				22.00	
Amylase, Per timepoint (when clincally indicated)	Y	1.00	7.00	8.12																									
Lipase, Per timepoint (when clincally indicated)	Y	1.00	10.00	11.60																									
12-Lead ECG (Cycle 13 and every other cycle) or (if clincally indicated)	Y	1.00	54.00	62.64																				54.00				54.00	
Total body CT scan w/ Contrast (when clinically indicated)	Y	8.00	836.00	836.00	836.00									836.00		836.00		836.00			836.00			836.00				6,688.00	
Chest MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	962.00	1,115.92	962.00									962.00		962.00		962.00			962.00			962.00	962.00	962.00		7,696.00	
Abdomen MRI, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	8.00	611.00	708.76	611.00									611.00		611.00		611.00			611.00			611.00	611.00	611.00		4,888.00	
RECIST, Per timepoint (Cycle 13 and every 3rd cycle) or (if clincally indicated)	Y	6.00	17.00	19.72	17.00									17.00		17.00		17.00			17.00			17.00				102.00	
KRAS mutation analysis	Y	1.00	700.00	700.00	700.00																							700.00	
Dexamethasone - tablets / 4 mg, 30 tablets	Y	1.00	20.26	20.26	20.26																							20.26	
Dexamethasone - injectable solution / 4 mg/ml, 10	Y	1.00	5.10	5.10	5.10																							5.10	
Cyanocobalamin - tablet / 1000 mcg / 5	Y	1.00	4.71	4.71	4.71																							4.71	
Folic acid - tablet / 400 mcg / 120 tablets	Y	1.00	13.40	13.40	13.40																							13.40	
Patient Travel Reimbursement Ground Service Taxi/Ride Share (per 50m/80km), up to	N	22.00	235.00	235.00	235.00	235.00	235.00	235.00		235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	235.00	5,170.00	235.00
Patient Travel Reimbursement Ground - Car Service; Sedan & Airport Transfers (per 50m/80km, up to	N	22.00	253.00	253.00	253.00	253.00	253.00	253.00		253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	253.00	5,566.00	253.00
Patient Travel Reimbursement Mileage (per 100m/160Km), up to	N	22.00	55.00	55.00	55.00	55.00	55.00	55.00		55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	55.00	1,210.00	55.00
Patient Reimbursement Parking/Tolls (per visit day), up to	N	22.00	19.00	19.00	19.00	19.00	19.00	19.00		19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	418.00	19.00
Patient Reimbursement Meals (per day-1x), up to	N	22.00	28.00	28.00	28.00	28.00	28.00	28.00		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	616.00	28.00
Patient Reimbursement Meal (per day-1x), up to	N	22.00	11.00	11.00	11.00	11.00	11.00	11.00		11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	242.00	11.00