

Supplementary

Table S1 Clinicopathologic characteristics between *KIF5B-RET* cases (N=90) and *CCDC6-RET* cases (N=23)

Variables	<i>KIF5B-RET</i> , N=90 [%]	<i>CCDC6-RET</i> , N=23 [%]	χ^2	P
Gender			0.054	0.815
Female	61 [68]	15 [65]		
Male	29 [32]	8 [35]		
Smoking			0.425	0.514
Never	79 [88]	19 [83]		
Smoker	11 [12]	4 [17]		
Age (years)			0.175	0.674
≤60	59 [66]	14 [61]		
>60	31 [34]	9 [39]		
Histology			1.907	0.167
ADC	83 [92]	23 [100]		
Non-ADC	7 [8]	0 [0]		
Stage			1.306	0.727
I	28 [31]	6 [26]		
II	4 [4]	2 [9]		
III	14 [16]	5 [22]		
IV	44 [49]	10 [43]		
Distant metastasis (% of stage IV)			2.244	0.134
No	8 [18]	4 [40]		
Yes	36 [82]	6 [60]		
Brain metastasis (% of stage IV)			1.843	0.174
No	25 [57]	8 [80]		
Yes	19 [43]	2 [20]		

RET, rearranged during transfection; ADC, adenocarcinoma.

Table S2 Concurrent driver gene alteration in *RET*-rearranged NSCLCs

Case No.	Fusion	Concurrent mutations	Gender	Age	Histology	Stage	Treated with other TKI (PFS)
1	<i>KIF5B-RET</i> (K15:R12)	<i>EGFR</i> p.L858R	Male	41	ADC	III	Icotinib (PFS 23m)
2	<i>CEP128-RET</i> (C18:R11)	<i>EGFR</i> p.L858R	Female	63	ADC	IV	No
3	<i>LOC105378330-RET</i> (Lintergenic:R12)	<i>EGFR</i> p.L858R	Male	65	ADC	III	No
4	<i>NAMPTL-RET</i> (Nintergenic:R12)	<i>EGFR</i> p.19del	Female	49	ADC	III	No
5	<i>CCDC6-RET</i> (C1:R12)	<i>EGFR</i> p.19del	Female	50	ADC	IV	Gefitinib (PFS 24 m)*
6	<i>CCDC6-RET</i> (C1:R12)	<i>KRAS</i> p.G12V	Female	50	ADC	III	No
7	<i>SLC6A11-RET</i> (S5:R12)	<i>KRAS</i> p.G13D	Male	71	ADC	III	No
8	<i>ADAMTS2-RET</i> (A10:R3)	<i>EML4-ALK</i> (E6:A20)	Male	54	ADC	II	No

*, *CCDC6-RET* was detected as a resistant mechanism to *EGFR*-TKI in Case No 5. *RET*, rearranged during transfection; NSCLC, non-small cell lung cancer; ADC, adenocarcinoma; PFS, progression-free survival.

Table S3 Predictive factors for PFS in late-stage *RET*-rearranged NSCLCs with chemotherapy (N=36)

Variables	Univariable analysis, P	Multivariable analysis	
		Hazard ratio (95% CI)	P
Sex (female vs. male)	0.354	–	–
Smoking (never vs. ever)	0.828	–	–
Age(years) (≤ 60 vs. >60)	0.173	–	–
Histology (others vs. ADC)	0.386	–	–
Stage (III vs. IV)	0.429	–	–
Partner (<i>CCDC6</i> vs. <i>KIF5B</i>)	0.014	0.192 (0.044–0.831)	0.027
Breakpoint (non-intron11 vs. intron11)	0.356	–	–
Distant Metastasis (no vs. yes)	0.083	–	0.724
Brain Metastasis (no vs. yes)	0.543	–	–

NSCLC, non-small cell lung cancer; *RET*, rearranged during transfection; CI, confidence interval; ADC, adenocarcinoma.

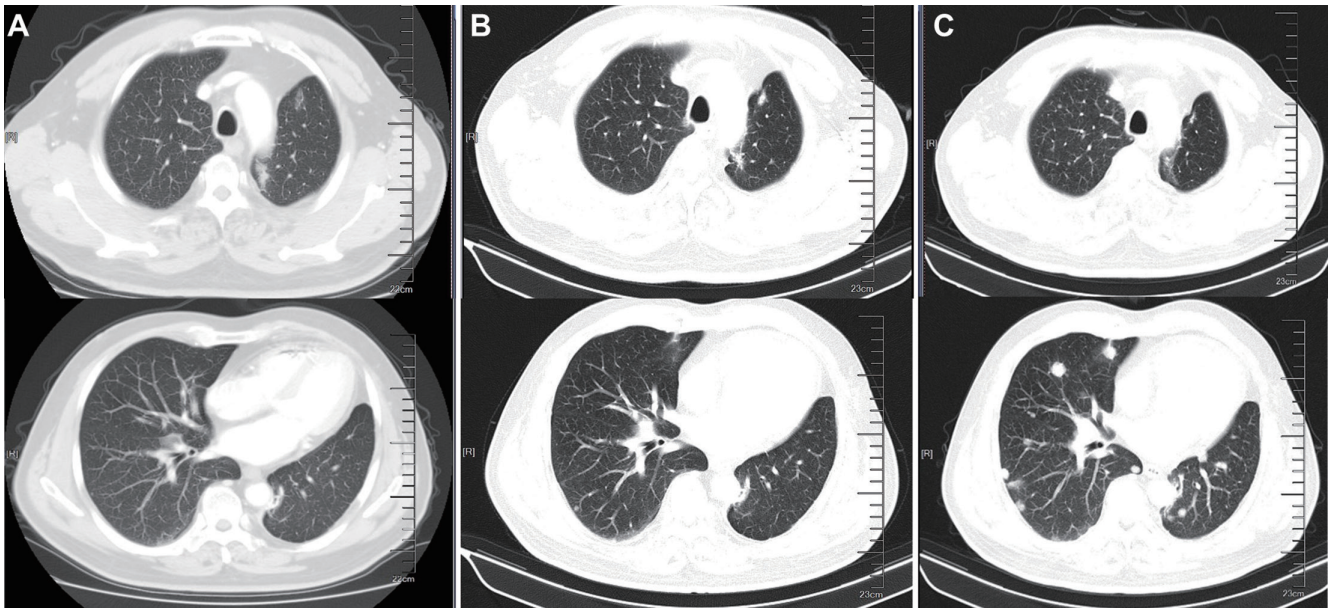


Figure S1 CT scans before and after therapy in a case of *ERCL-RET* fusion. (A) CT scans before Cabozantinib. (B) CT scans after 4 months of treatment with Cabozantinib. (C) CT scans after 10 months of treatment with Cabozantinib. CT, computed tomography.

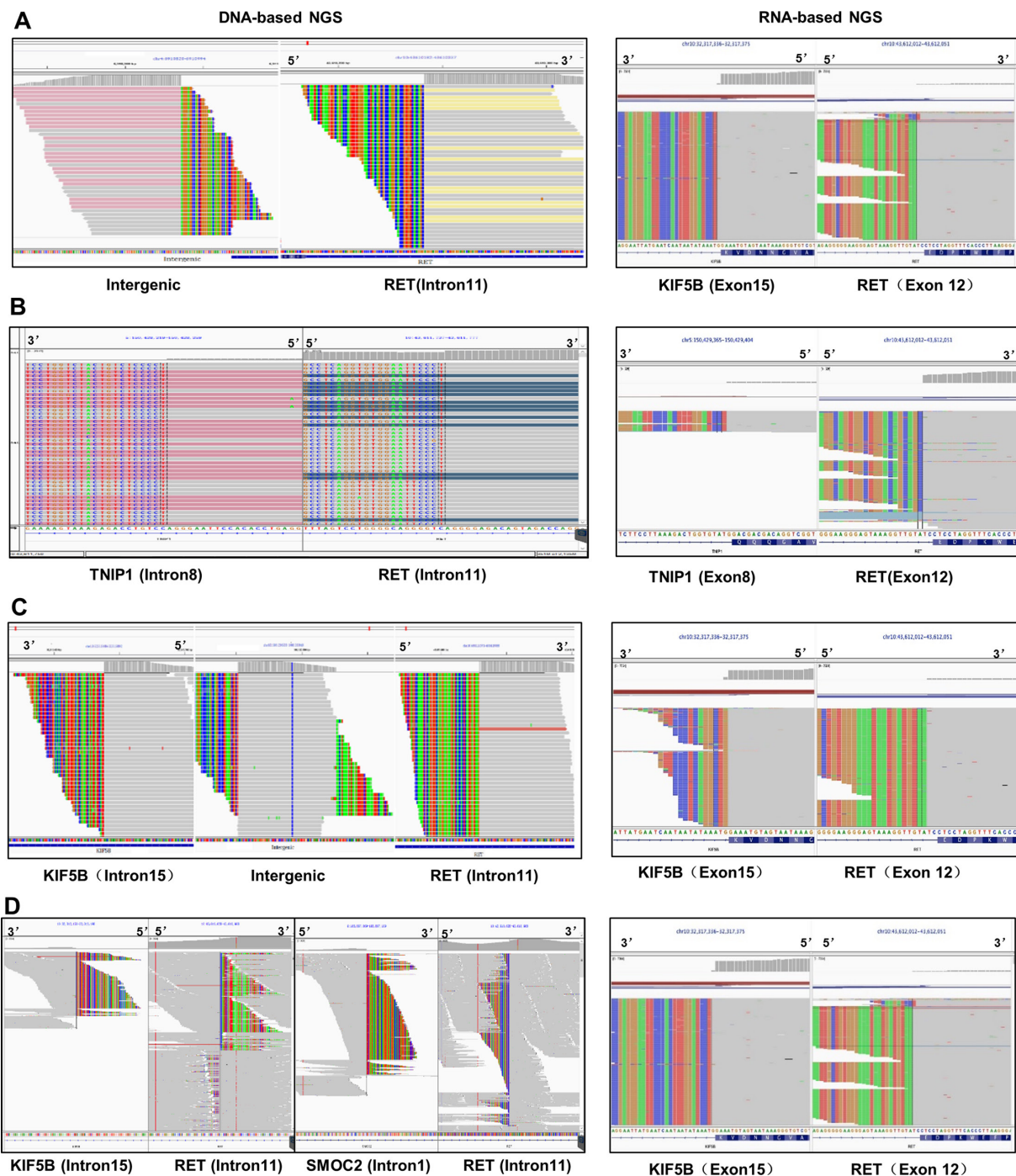


Figure S2 *RET* fusion identified by targeted DNA-NGS and RNA-NGS among 4 representative NSCLC cases. (A) DNA-based NGS revealed that the 3' portion of *RET* was fused to an intergenic region downstream of *TBC1D14*, while targeted RNA-NGS identified the *KIF5B-RET* (K15:R12) fusion transcript. (B) DNA-based NGS revealed *TNIP1-RET* (intron 8: intron 11), while targeted RNA-NGS identified the *TNIP1-RET* fusion transcript. (C) Targeted DNA-NGS revealed that the 3' portion of *RET* was fused to an intergenic region downstream of *LOC105378470* and then connected to the *KIF5B* gene after about 70 bp intervals, while targeted RNA-NGS identified the *KIF5B-RET* (K15:R12) fusion transcript. (D) *RET-KIF5B* (intron 11: intron 15) and *SMOC2-RET* (intron 1: intron 11) were detected simultaneously by targeted DNA-NGS, while canonical *KIF5B-RET* (K15:R12) fusion transcript was identified at the RNA level.