

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/keys-to-accurate-diagnostic-staging-for-nsclc/10280/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Keys to Accurate Diagnostic Staging for NSCLC

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

For ReachMD, I'm Dr. Matt Birnholz, and on today's episode, we had a chance to talk with Dr. Edward Kim, Chair of Solid Tumor Oncology and Investigational Therapeutics at Levine Cancer Institute. Dr. Kim discusses how he achieves accurate diagnostic staging for NSCLC recorded at his office in Charlotte, North Carolina. Let's take a listen.

Dr. Kim:

The paradigm in non-small cell lung cancer has changed greatly over the last several decades. It's really been nice to see how we've evolved from the early 2000s to present day. The challenges still exist when it comes to diagnostic staging for these patients, and in early-stage as well as in late-stage, the key has always been to obtain a tissue biopsy in order to make a histologic diagnosis accurately. And this is still important in many stages of lung cancer. However, in the stage IV setting, it is essential not only to have a histologic diagnosis but also to measure biomarkers. The biomarkers that are exceptionally relevant in this space include EGFR, ALK, ROS1, BRAF and PD-L1. There are some others that are coming which will probably add to the level of diagnostic tests we need to run at baseline, but these are essential right now. Why are they important? It's important because we cannot from histology just derive treatment from that. Almost 50% of our patients with non-small cell lung cancer may qualify for a targeted agent or immunotherapy, and these biomarkers will help establish that.

This is not a new paradigm in oncology. We've been doing this with patients with breast cancer for a decade where we measure HER2 and hormone status. Therefore, the keys to really focusing on getting an accurate diagnostic staging for these patients in stage IV lung cancer is to get enough tissue so that we can run a histology, but also the biomarkers that will help us determine which treatment is the best for that corresponding patient. I cannot stress this enough. It is so important to do this—and more importantly, to wait for the biomarkers to come back and utilize them in our practice.

Dr. Birnholz:

That was Dr. Edward Kim providing us with his roadmap to accurate diagnostic staging for NSCLC. For ReachMD, I'm Dr. Matt Birnholz. Thank you for listening.

Announcer:

The preceding program was sponsored by Lilly. Content for this series is produced and controlled by ReachMD. This series is intended for healthcare professionals only. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/NSCLC. Thank you for listening to ReachMD. Be Part of the Knowledge.