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The Testing Tipping Point – Overcoming Barriers to Biomarker Access

Announcer:
Welcome to CE on ReachMD. This activity is provided by Medcon International. This episode is part of our MinuteCE curriculum.

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Dr. Leighl:
This is CME on ReachMD, and I'm Dr. Leighl. Here with me today are Dr. Cho and Dr. Kerr.

Dr. Kerr, how can we overcome some of the barriers we have to molecular testing and implementing routine biomarker testing once we know that the patient has advanced non-small cell lung cancer?

Dr. Kerr:
Thank you, Dr. Leighl. So there are lots of barriers that get in the way of smooth and comprehensive molecular testing in patients with non-small cell lung cancer. And some of these are quite tricky issues to deal with.

They range from issues around a lack of tissue on which to perform the test, operational issues within the pathology and testing laboratory system that lead to relatively slow turnaround times. And then there are more fundamental core issues around the cost of testing, who has to bear that cost, and whether or not there are any reimbursements. Beyond that, the way in which testing is structured often poses some difficulties which feed into particularly, I think, the turnaround time issues. And this is the context, really, of whether you have in-house testing or you have a send-out testing facility where the lab is somewhere else, and you have to send the tissue out.

In terms of turnaround times within the laboratory, it's all about commitment and organization and having champions and people who are kind of dedicated to the cause within the laboratory to try and get samples through the system adequately dealt with as quickly as possible.

The issue of send-out versus in-house, I think, does impact in this quite substantially, and we don't have time to get into the details, but if you're in a send-out situation, it's quite challenging sometimes for the pathology laboratory and the pathologists, in particular, who may feel a bit disenfranchised from the whole process. They simply are just a source of material, and they may never hear what the results of the molecular tests are after they have been conducted elsewhere. So that is a problem, and I know that if you have an in-house testing facility, things are faster and smoother and provide a much better service.

One of the solutions to try to overcome the turnaround time and the failings within the pathology laboratory is actually to use an alternative to tissue, and that is to use blood as a source of tumor-derived DNA. Notwithstanding the sensitivity issues and the fact that you, in advanced disease, might miss up to one-third of patients who actually have an alteration, this may, of course, provide clinically actionable data, particularly on EGFR mutations, in shorter time than would be the case when tissue is being tested.

And whether or not the blood is used is going to depend, again, on access to such testing, whether or not there is reimbursement for that testing, in addition to tissue testing, which we believe should take place as well as a complementary phenomenon. And also, I would urge, as a pathologist, that slow turnaround times on the tissue in the laboratory is also something that is looked at.

Dr. Cho:
Regarding next-gen sequencing, I believe tissue or plasma next-gen sequencing is becoming a standard of care diagnostics, and it's becoming more and more popular and cheaper than before. And turnaround time of plasma next-gen sequencing is becoming very short.

Dr. Leighl:
Thanks so much to both of you. And I think in Canada, as we're looking to funding more liquid biopsy and to speeding up that process of getting the answer faster and getting patients to treatment faster, I think it's always so important for people to remember that liquid biopsy is not always 100%.

So important to just remember that if you don't find something, it doesn't mean it's not there. And of course, tissue really is king. You always need to make sure that you reflex to tissue if you haven't found something actionable for your patients.

This has been a brief but great discussion and gives us all something to think about. And thank you so much for tuning in.

Announcer:
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