Transcript Details

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Putting Into Practice: ctDNA Monitoring of *ESR1* Mutations During 1L HR+/HER2− Advanced Breast Cancer

Announcer:
You're listening to ReachMD. This medical industry feature, titled "Putting Into Practice: ctDNA Monitoring of *ESR1* Mutations During 1L HR+/HER2− Advanced Breast Cancer," is sponsored by AstraZeneca.

Narrator:
In HR-positive, HER2-negative advanced breast cancer, intervening at the emergence of *ESR1* mutations might help address the endocrine resistance mechanism proactively, before the cancer becomes harder to treat.

One potential intervention involves adding a simple blood test to monitor a patient's circulating tumor DNA for *ESR1* mutations during first-line endocrine therapy.

In academic and community practices, adopting this workflow requires developing a combination of institutional processes and patient-centered scheduling.

First, let's explore some ways to implement institutional processes.

Healthcare providers should consider working with a multidisciplinary team to review policies of the institution and to select the appropriate ctDNA-based test for *ESR1* mutations, including whether testing should occur in-house or at an external facility.

Where possible, automated and bidirectional electronic medical records can be used to reduce administrative workload.

To provide consistency, each institution should consider adopting standard operating procedures for tasks such as ordering tests and managing results.

A few local champions across the multidisciplinary team can be appointed to oversee this new institutional workflow.

Different champions can supervise one or more tasks, such as managing insurance paperwork, collecting blood samples, sending samples to the proper test facility, and communicating test results.

To ensure seamless operation, staff members should be trained on their roles and responsibilities.

For example, nurses and support staff can ensure that an *ESR1* test is included in routine blood work orders and that the appropriate blood tubes are sent to the predetermined test facility.

To streamline interactions with insurance providers, a dedicated team member can be appointed to share relevant institutional paperwork and to secure prior authorization as necessary.

And depending on the institution's policies, pharmacists may be permitted to follow up with patients after detection of an *ESR1* mutation and to discuss the potential next steps.

Let's consider how to incorporate patient-centered scheduling.

During routine one-on-one consultations, the healthcare providers should counsel patients about the rationale of monitoring for *ESR1* mutations and about follow-up steps in case an *ESR1* mutation is detected, including who on the care team will contact the patient.

Routine blood work is recommended for patients with advanced breast cancer during their first-line endocrine therapy, and it typically occurs once every 3 months.

To ease burdens on patients and care teams, monitoring for emergent *ESR1* mutations can be integrated with this routine blood work.

For the convenience of patients, mobile phlebotomy or a home blood collection service can also be considered where available.

If an *ESR1* mutation is not detected, no additional actions are required.

Patients should continue with routine blood work, including *ESR1* monitoring.

However, if an *ESR1* mutation is detected, the care team should enact the next steps in the treatment plan that had been discussed earlier during routine one-on-one consultations.

The oncologist should then determine the disease progression status to inform the next treatment decision.

As we've shown, standardized workflows help minimize the operational burden of testing on care teams and on patients.

This suggested workflow is practical and adaptable for various academic and community practices, and it supports the implementation of ctDNA-based *ESR1* monitoring during first-line endocrine therapy.

Announcer:
This program was sponsored by AstraZeneca. If you missed any part of this discussion, visit Industry Features on ReachMD.com, where you can Be Part of the Knowledge.

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