

### 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/project-oncology/getting-biomarker-testing-right-in-non-small-cell-lung-cancer-care/56918/>

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## Getting Biomarker Testing Right in Non-Small Cell Lung Cancer Care

### Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Raghava Induru, who's a medical oncologist specializing in thoracic oncology at the Atrium Health Levine Cancer Institute in North Carolina. He'll be discussing strategies for improving biomarker testing in non-small cell lung cancer care.

Here's Dr. Induru now.

### Dr. Induru:

The first question we always ask ourselves when someone is diagnosed with a new diagnosis of non-small cell lung cancer in a metastatic setting is, how do we approach the biomarker testing to make sure that we're not missing any actionable mutations?

The key is, you do you need to understand that oncology is evolving rapidly in terms of both the therapies available as well as the testing platforms. But we as a cancer care team have to adapt fast and efficiently. So when a new lung cancer patient comes to see me, biomarker testing is the first critical step in their management, and there is no compromise here, as it can have negative impact on long-term outcomes.

So I answer this question in three points. The first one is, we need to adopt a comprehensive testing platform. That means it has to be reflex testing. It has to be a comprehensive, next-generation sequencing panel. And the timing of it has to be upfront—not somewhere in the middle of the treatment.

The second point I want to make is we have to ensure tissue adequacy and management, meaning, with a tissue-first approach, we need to have an adequate amount of tissue. That's the key aspect. We need to engage all the parties involved who are collecting that sample, and we need to make sure that we have a conversation with pathology to make sure that we have good, desirable cellularity. That means we have to have more than 20 percent desirable cellularity, and utility of liquid biopsy—making sure that we are including that in the management.

The third point I want to make is we have to optimize the detection techniques for fusions like RNA-based next-generation sequencing, which can identify these variable fusions better than DNA-based testing. If someone did IHC screening, we need to make sure that we confirm using FISH testing.

I always like to summarize that we need adoptive comprehensive testing platforms, to ensure the tissue adequacy and management, and to optimize the detection techniques for fusions. Comprehensive biomarker testing should be the standard of care, and in fact, I would love to see a hundred percent utilization of that, but unfortunately, reality is far from expectation. There are some key gaps.

Some of them are awareness and education gaps, especially in the more non-academic settings. Sometimes, we miss out on the education awareness part of it. There are operational bottlenecks, especially, again, in the community setting. There is a problem with access, cost, and the logistics of it.

But how do we overcome this? We have some ideas about it, but we have to enforce it in a much more robust way. Reflex testing, in some ways, clears a lot of these gaps. Then continued education awareness—the more we talk about it and the more we educate not just the health professionals and the healthcare teams, but also the patients about it, the better.

And ultimately, one more is the molecular tumor boards. Once we get these results in community settings, we sometimes struggle with interpretation of these results. Having a more robust, broader development of molecular tumor boards help to narrow that gap of understanding these tests and interpretation of these tests.

**Announcer:**

That was Dr. Raghava Induru talking about how to optimize biomarker testing in non-small cell lung cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!