

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/molecular-testing-alk-nscl/49140/>

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Comprehensive Molecular Testing in ALK+ Non-Small Cell Lung Cancer

Announcer:

This is *Project Oncology* on ReachMD. On this episode, Dr. Urs Weber will discuss the importance of comprehensive molecular testing in non-small cell lung cancer. He's an Assistant Professor in the Division of Medical Oncology at the University of Colorado Anschutz Medical Campus. Here's Dr. Weber now.

Dr. Weber:

Comprehensive molecular testing is essential for any patient who's being diagnosed, certainly with advanced or metastatic non-small cell lung cancer. Even in the earlier stage, for lung cancers that are going to surgery with curative intent, those patients at this point should really be getting that kind of testing because we now have therapies approved for EGFR and ALK-positive patients in the postoperative setting for early-stage disease.

We just saw data presented for selpercatinib, which is a RET-targeted TKI, at the ASCO annual meeting. And so we expect that's going to be approved in the adjuvant setting as well. So I think at this point, almost anybody with non-small cell lung cancer should be getting comprehensive molecular testing at diagnosis because we do have targeted therapy options now at every stage of the disease.

Patients who have the adenocarcinoma variety of non-small cell lung cancer are getting tested because it's true that those patients have a higher incidence of actionable mutations. But we do find them in squamous cell patients as well. And there's this myth that's been propagated that you'll never find anything targetable in a squamous cell patient, and that's definitely not true. Your odds are not as good as with adenocarcinoma, but you definitely still find things. So especially when you see that squamous cell patient who has a light or no smoking history at all, they should definitely be getting comprehensive molecular testing.

And then the other thing I'll say about that is when we talk about comprehensive molecular testing, what we should really be talking about is next-generation sequencing. We should be looking for everything all at once with one sequencing test. And most of the big molecular testing companies are doing that. But I do still see some companies that are doing individual PCR tests and individual IHC tests for each individual mutation. And the problem that I've seen over and over again with that is that you often will run out of tumor tissue before you can do all the testing, which ultimately does a disservice to the patient because then we're either left with incomplete information or are left with having to get another biopsy or something like that to get more tumor tissue to do the rest of the testing. Really, with modern technology, we can get pretty much all of the information we need off of NGS. And so I really think that the days of PCR-ing individual genes and doing IHC stains for individual proteins should really be over at this point, mostly because there are cleaner and more tissue-sparing ways to get that information.

Announcer:

That was Dr. Urs Weber discussing the use of molecular testing in ALK-positive metastatic non-small cell lung cancer. To access this and other episodes in this series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!