Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/the-case-for-multiplex-testing-next-generation-sequencing-for-nsclc/12310/

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The Case for Multiplex Testing: Next-Generation Sequencing for NSCLC

Announcer Introduction:
Welcome to Project Oncology on ReachMD. On this episode, sponsored by Lilly, we're going to focus on the importance of multiplex testing with next-generation sequencing in non-small cell lung cancer. And joining us to share his insights is Dr. Balazs Halmos, who's the Director of Thoracic Oncology and Clinical Cancer Genomics at Montefiore Medical Park at Eastchester in the Bronx, New York. Let's hear from him now.

Dr. Halmos:
I think NGS as the platform is another tool, but currently the most powerful. And in reality, the most convenient tool to allow you as a clinician to complete expanded molecular testing for your patients. This is especially important in the area, and that's my focus, managing advancing non-small cell lung cancer patients. Their task is to complete molecular testing now for at least eight to nine molecular alterations. And of course, we could do that gene by gene for EGFR, for ALK, ROS, and I could go on. That's possible, but it's very time consuming. It actually adds up in terms of price as well. And ultimately, the problem is that, you know, tissue is the issue. If you use it up for individual tests, ultimately, we will not be able to complete all of them. So, you know, that's a major shortcoming. And NGS technology now allows us to do kind of a package deal in a way. We didn't want to get knowledge about all the markers that we're looking for because NGS platforms that are currently available, commercial platforms, we will be able to test with great sensitivity and specificity for all of those alterations that you need to find mutations, insertions, deletions, gene amplifications, fusion events, et cetera. And you can get a sense of emerging markers such as tumor mutation burden as well.

So in reality, this platform is now the most convenient. And in reality also not a pricey way of getting things done, as the price of the test will ultimately be less than doing it one by one. And lastly, it will allow you to conserve tissue for other context as well.

So this is a preferred technology currently and not just preferred, but the recommended by guidelines such as NCCN. And I might just want to add that it's not just tissue based now, but you can do CT DNA-based NGS testing as well, maybe for a narrower set of genes, but still including all the key genes that you're looking for in your patients with advanced non-small cell lung cancer, so you can put them on the best treatment journey. And the CT DNA platforms are now validated to be used both up front in the first molecular diagnostic testing of your patients with advanced non-small cell lung cancer. And also at a time of acquired resistance to learn about resistance mechanisms and refine the treatment journey in a way, if actionable changes can be detected.

Announcer Close:
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