

Transcript Details

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Utilizing Prognostic Markers to Help Guide NSCLC Treatment Decisions

Announcer Introduction:

Welcome to Project Oncology on ReachMD. On this episode, sponsored by Lilly, we're catching up with Dr. Osita I. Onugha. Dr. Onugha is a thoracic surgeon at the Providence Specialty Medical Group in Santa Monica, California, and he's here to discuss how prognostic markers can be utilized to help guide non-small cell lung cancer treatment decisions. Let's hear from him now.

Dr. Onugha:

The first thing is to understand the difference between a prognostic marker and a predictive marker. A prognostic marker determines the effect the tumor has on the patient. And a predictive marker determines the effect that treatment has on the tumor.

So an example of a prognostic marker is something that when you identify that marker, it portends a bad survival. And that tells you what your overall survival was. An example of predictive marker is that when you start a treatment, you know that the patient improves when they have a particular marker, and start a treatment for that marker.

And so some of the common biomarkers that we commonly test for EGFR, ALK, ROS1, BRAF, and PDL1. Those are predictive biomarkers that we can use that have that affect what treatment we prescribe to the patient to determine or help improve the overall survival. But unfortunately, those biomarkers represent about 5 percent of lung cancers. So patients typically are not positive for those biomarkers.

Tumor responses is important because when we give a patient a treatment, we want to know that the tumor is responding. And if we give patients, for example, neoadjuvant treatment, which means that they got it before, surgery, when we take them to surgery, we can determine the response of that tumor was to the treatment. And sometimes it allows us or helps us to adjust the treatment because if we know the tumor responds to that treatment.

Now disease-free survival and overall survival are more predictive markers because a predictive marker is basically telling us okay, this is the affect it has on the tumor, how does it affect the patient overall? How does it affect their overall survival?

And for patients who are early-stage lung cancers, we know that in patients who have Stage I and Stage II lung cancers, their five-year survival can be anywhere from 55 to 75 percent. And so the question is how do we augment that survival? How do we improve that survival with our current therapy? And so for patients who are positive for any one of the predictive biomarkers like EGFR, ALK, ROS1, PDL1, and now BRAF, we can provide a particular treatment that extends their overall survival and extends their disease-free survival.

However, for patients who don't meet that, we do Oncocyte testing to determine if there is a low risk, intermediate-risk, and high risk for recurrence. And for those patients who are intermediate and high risk for recurrence, we give them chemotherapy because there's, you know, a very important study has found that in patients who have intermediate and high risk with chemotherapy, we decrease them to a low risk of recurrence. And if there's a low risk of recurrence, then we decrease the relapse risk, and then we improve their disease-free survival and hopefully improve their overall survival.

Announcer Close

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