



**NATIONAL  
LUNG CANCER  
ROUNDTABLE**

# **BIOMARKER TESTING AN ADVOCATE'S PERSPECTIVE**

Gina Hollenbeck, President, ALK Positive, Inc.

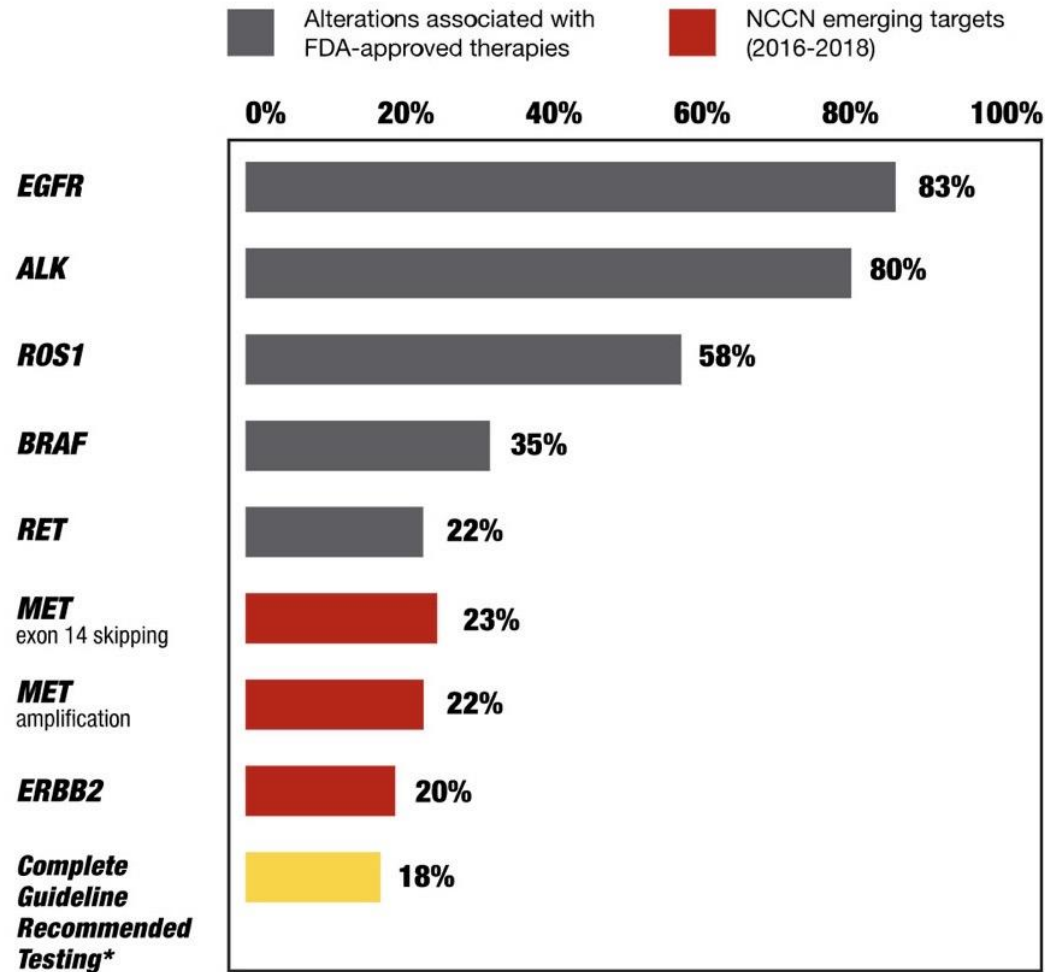
# Personalized for Me



- Test, don't guess
- Living is different from PFS
- Test, and retest progression to choose the best therapy

# Comprehensive Biomarker Testing rates in NSCLC

Percentage of NSCLC Patients that Receive Biomarker Testing



# Comprehensive Biomarker Testing

- Patients deserve opportunities to LIVE
- Know what is driving cancer to learn how to stop it



Thank You



# NATIONAL LUNG CANCER ROUNDTABLE

## **NLCRT SUMMIT: OPTIMIZING LUNG CANCER BIOMARKERS IN PRACTICE**

**M. Patricia Rivera, MD, ATSF, FCCP**  
Professor of Medicine

Division of Pulmonary and Critical Care Medicine  
University of North Carolina at Chapel Hill  
Secretary-Treasurer, American Thoracic Society



# Optimizing Lung Cancer Biomarkers in Practice

- **Personalized treatment of advanced non-small cell lung cancer (NSCLC) is guided by molecular biomarker assessment**
- **Several clinical practice guidelines available**
- **Requires collaborative effort and frequent communication between the proceduralist, pathologist, treating oncologist, and nurse navigator**
- **Current data shows suboptimal rates in biomarker testing**

# Summit and Initiative Overview

- **Initiative:**

- NLCRT recognized it was time for a **collective mission-oriented** approach to bring organizations together to bridge current gaps in awareness and knowledge of state-of-the-art treatment and biomarker testing for lung cancer patients.

- **Summit call to action:**

- Access to biomarker testing for all eligible patients with NSCLC: ***No patient left behind!***

- **When:**

- *September 22-23, 2020*

- **Who:**

- 85 participants, representing 75 organizations:
- Patient advocates, clinicians (primary care, oncologists, pulmonologists, thoracic surgeons, radiologists, and pathologists), researchers, public health professionals, pharmaceutical companies, government agencies and payers.



# National Lung Cancer Roundtable Summit

## Optimizing Lung Cancer Biomarkers in Practice

- **Objectives:**

- Bring organizations together to bridge gaps in biomarker testing.
- Share clinical experiences related to biomarker testing.
- Review best practices regarding tissue acquisition, choice of assay, reimbursement, and turn around time.
- Align on strategies to optimize patients' and physicians' awareness of biomarker testing to increase uptake.
- Develop strategies that NLCRT and member organizations can embrace to optimize use of lung cancer biomarkers in practice.

# National Lung Cancer Roundtable Summit

## Optimizing Lung Cancer Biomarkers in Practice

- Patient advocate experiences
- Professional Confessional Panel
  - Shared their organization's contributions to barriers
  - Results will be presented today
- Industry, Payer, and Advocacy Panel
  - Challenges faced by organizations
  - How to contribute to a national collective initiative
- Breakout sessions
  - Deep dive to better understanding the barriers

**Breakout Sessions:  
A Deep Dive to Challenges to Biomarker Testing in NSCLC**

**Knowledge Gaps Regarding the Need for Testing and Communication**

**Procuring Adequate Tissue for Sampling**

**Choice of Assay and Design and Turnaround Time**

**Accurate Interpretation of Results**

**Reimbursement, Cost, and Coverage**

# National Lung Cancer Roundtable Summit

## Optimizing Lung Cancer Biomarkers in Practice

ROSI  
NSCLC  
Reimbursement  
Oncologists  
Biomarker Testing  
Primary care physicians Proceduralists  
Procure adequate tissue  
ALK NLCRT Pathologists  
Turnaround time  
EGFR  
Payers  
No patient left behind

- Following breakout sessions, each group proposed and prioritize their top multi-stakeholder strategies to overcome barriers to NSCLC biomarker testing.
- Biomarker Steering Committee developed and prioritized key strategies.
- Strategies will be presented today

Thank You





# NATIONAL LUNG CANCER ROUNDTABLE

## STAKEHOLDER CONFESSIONS ON BARRIERS TO COMPREHENSIVE BIOMARKER TESTING

Farhood Farjah, MD MPH FACS

University of Washington

Annual Meeting 2020

# Motivation to Confess

- To encourage each stakeholder to be accountable for their contribution to creating barriers to comprehensive biomarker testing





# Confessions

- Primary Care Physicians
  - Nihilism
  - Level of engagement in lung cancer care
- Proceduralists
  - Lack of knowledge about the role of comprehensive biomarker testing in lung cancer care
  - Inadequate tissue acquisition



# Confessions

- Oncologists
  - Challenges interpreting comprehensive biomarker test results
  - Challenges keeping abreast of rapid advances in lung cancer therapy
- Pathologists
  - Lack of knowledge about the role of comprehensive biomarker testing in lung cancer care
  - Exhaustion of available tissue



# Confessions

- Payers
  - Prior authorization
  - Coverage decisions require evidence of benefit



# Benefits of Confession

- Deeper understanding of the reasons underlying barriers to comprehensive biomarker testing
- Emergent themes can lead to interventions that increase appropriate comprehensive biomarker testing

Thank You



# NATIONAL LUNG CANCER ROUNDTABLE

## BIOMARKER INITIATIVE STRATEGIC PLAN

Bruce E. Johnson, MD

Dana-Farber Cancer Institute & Harvard Medical School

# Barriers/Gaps to Effective Biomarker Testing

- **The Breakout Room Discussions Identified:**
  - Variation in knowledge
  - Variation in guideline adherent care, and performance in testing
  - Variation in adequacy of tissue collection
  - Variation in multi-disciplinary coordination
  - Lack of feedback on performance
- The pace of discovery is accelerating—it is a major challenge to be well informed about candidate therapies
- Critical need for uniform educational and training content, and standardized/tailored best practices and workflows
- Turn around time must be improved
- Coverage and inconsistent coverage is a major challenge



# Barriers/Gaps to Effective Biomarker Testing

- **The Breakout Room Discussions Identified (continued):**
- Those who do not perform tissue acquisition procedures themselves have poorer understanding of available biomarkers
- Differences in patient volume/practice type effect testing knowledge
- Tissue acquisition procedures differ among providers
- Number of passes, guideline awareness and access to rapid onsite evaluation influence testing for molecular biomarkers are tested and vary among practitioners
- Knowledge and practices for sending most molecular biomarkers are lagging behind their development and approval
- Influence of an institutional policy - higher rates of biomarker testing



# Proposed Priorities by the Biomarker Steering Committee (1)

1. Develop **educational materials** and initiatives (i.e. ECHOs, etc.) with uniform content
2. Prepare a **whitepaper** defining biomarker testing with standard definitions and language
3. **Partner** with professional organizations for procedure content
4. Develop an **assessment tool** for assessing performance in healthcare organizations

## Proposed Priorities by the Biomarker Steering Committee (2)

5. Platform for biomarker testing performance **feedback** for individual providers
6. Provide algorithms for **preauthorization** of biomarker testing for 3<sup>rd</sup> party payors
7. Provide new solutions to **reduce turnaround time**
8. Advocate for dual comprehensive **blood and tissue** biomarker testing

## Proposed Priorities by Steering Committee (3)

9. Provide a guide for **standardized evidence** for third party **coverage decisions**
10. Partner with professional organizations to generate **practice guidelines**
11. Generate **sample legislation** language to assure biomarker testing



Thank You