



NATIONAL LUNG CANCER ROUNDTABLE

BIOMARKER TESTING PLAYBOOK

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Playbook as Part of the Proposed Priorities by the Biomarker Steering Committee Strategic Plan

1. Develop educational materials and initiatives with uniform content
2. Provide new solutions to reduce turnaround time

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Manuscript Draft by Adam Fox et. al. Entitled:

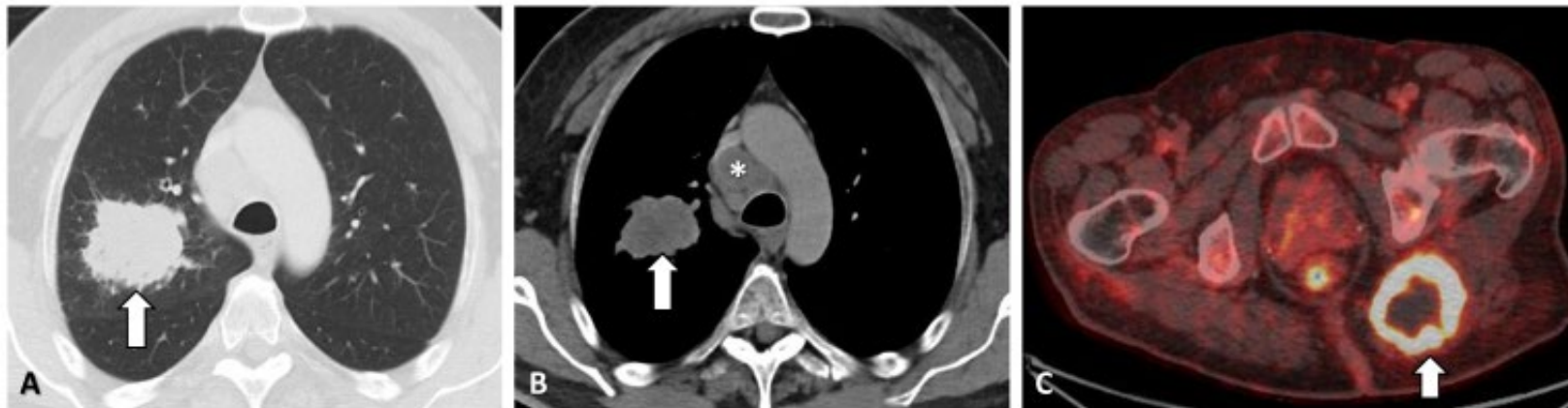
Guide for the Efficient Diagnosis and Securing Adequate Tissue for Comprehensive Biomarker Testing for Patients with Suspected Advanced Lung Cancer

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- 1. The selection of therapeutic agents for patients with advanced non-small cell lung cancer has been revolutionized by the identification of biomarkers that are highly predictive of therapeutic response to different targeted and immunotherapy agents (Hanna, J Clin Oncol 2021)**
- 2. The ability to identify and treat patients with the appropriate targeted agents or immunotherapy regimens is highly dependent on the timely diagnosis and minimizing delays in securing adequate amounts of tumor tissue for comprehensive biomarker testing.**

Playbook as Part of the Proposed Priorities by the Biomarker Steering Committee Strategic Plan: Example

Fig 1



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Key Take-Away

- 1. Biopsy the most accessible site that confirms the stage, suspicious painful lesions and peripheral adenopathy (such as supraclavicular, axillary or inguinal if present).**
- 2. As illustrated in this case, site selection has implications on the turnaround time for obtaining a diagnosis and completion of biomarker testing, both of which are critical to initiating a treatment plan.**
- 3. Squamous cell and non-squamous lung cancers are biologically different. PD-L1 testing is often higher yield for SCC as other targetable mutations occur less often in SCC than non-squamous lung cancers. Guidelines still support targeted therapy assessment, especially when the patient is young or has a low smoking history**

