

Addressing Lung Cancer Biomarker Testing Through Project ECHO

Case Presentation Form



Instructions

This case presentation form is intended to be completed and submitted electronically. Please email completed forms along with any optional supplemental information to Kelly.durden@cancer.org and carbon copy your regional ACS staff partner. We request that you submit your case presentation form **at least three business days** prior to your scheduled case presentation. Please do NOT submit a scan of a printed version of this form.

This form includes four sections: **Section 1: Presenter Information & Case Presentation Summary**, **Section 2: System-Level Case Presentation**, **Section 3: Patient-Level Case Presentation** and **Section 4: Faculty Recommendations**. You need to complete Section 1 and then, choose **either** Section 2 or Section 3. We recommend that each case presentation will range from **three minutes to five minutes**. Please do not include patient identifiers on this form or use any identifiers during the presentation. Please note, for patient-level case presentations, the faculty will provide guidance that should NOT be interpreted as direct medical advice.

Project ECHO Data Usage Statement

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

Section 1: Presenter Information and Case Presentation Summary

1. **Presentation Date:** 7/27/2021
2. **Presenter Name(s):** L. Wesley Aldred
3. **Presenter Title(s):** MD, FACP
4. **Organization/Health System:** Hattiesburg Clinic
5. **Please summarize the case you are presenting to the group:** Stage IV adenocarcinoma of the lung
6. **Which specific questions are you asking the faculty and the other participating spoke sites?**
At what point along the diagnostic pathway are y'all ordering NGS?

Section 2: System-Level Case Presentation

1. **Describe your current system or workflow:** *If available, feel free to provide workflow charts separately.*
Click or tap here to enter text.
2. **What are the primary challenges/barriers:** *Include specifics on identified gaps and quality improvement methods used to clarify the root causes.*
Click or tap here to enter text.
3. **Describe what you are trying to improve and any other relevant background information:**
Click or tap here to enter text.
4. **Briefly describe your vision of what it will look like when it is working well:**
Click or tap here to enter text.
5. **Describe any recent changes (less than 6 months) made to this system or workflow, including when they were made and their impact:**
Click or tap here to enter text.
6. **If applicable, what data (quantitative, qualitative) do you have to augment your observations:**
Click or tap here to enter text.

Section 3: Patient-Level Case Presentation

DEMOGRAPHIC INFORMATION			
1. Age	2. Gender (Choose One)	3. Race/Ethnicity (Choose All that Apply)	
79	Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> Non-Binary/Third gender <input type="checkbox"/> Transgender female <input type="checkbox"/> Transgender male <input type="checkbox"/>	American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/> White <input checked="" type="checkbox"/> More than One Race <input type="checkbox"/> Other <input type="checkbox"/>
NON-SMALL CELL LUNG CANCER (NSCLC) HISTOLOGY & STAGE			
4. Diagnosis	5. Histology	6. Stage	
Initial Diagnosis <input checked="" type="checkbox"/> Recurred and or Progressed <input type="checkbox"/>	Adenocarcinoma <input checked="" type="checkbox"/> Squamous Cell <input type="checkbox"/> Large Cell <input type="checkbox"/>	T4N3M1c, Stage IVB	
BIOMARKER TESTING			
7. Has biomarker testing been ordered for this patient (or will it be ordered)?		8. If biomarker testing was not ordered, please elaborate on the factors that precluded it:	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Will be ordered <input type="checkbox"/>		Click or tap here to enter text.	
The next section is ONLY for those patients who HAVE received or WILL receive biomarker testing			
9. Which technique was used (or will be used) to obtain specimen for pathologic diagnosis? (Choose One)			
Bronchoscopic biopsy <input type="checkbox"/> Endobronchial ultrasound-guided transbronchial lymph node aspiration (EBUS-TBNA) <input checked="" type="checkbox"/> Image-guided percutaneous biopsy <input type="checkbox"/> Liquid biopsy <input type="checkbox"/>		Mediastinoscopy <input type="checkbox"/> Surgical specimen <input type="checkbox"/> Thoracentesis/pericardiocentesis <input type="checkbox"/> Unsure <input type="checkbox"/>	
10. Which platform was/will be used for lung biomarker testing? (Choose One)		11. If single-gene test or short-cluster panel, please identify which genes were tested:	
Single-Gene Test <input type="checkbox"/> Short-Cluster Panel <input type="checkbox"/> Multi-Gene Panel (next generation sequencing (NGS)) <input checked="" type="checkbox"/>		ALK <input type="checkbox"/> BRAF <input type="checkbox"/> EGFR <input type="checkbox"/>	HER2 <input type="checkbox"/> KRAS <input type="checkbox"/> NTRK <input type="checkbox"/> MET <input type="checkbox"/>
PD-L1 <input type="checkbox"/> ROS1 <input type="checkbox"/> RET <input type="checkbox"/>			
ADDITIONAL INFORMATION			
12. Please include any other information you would like to share with the group: PDL-1 testing showed 3% expression. Also with high tumor mutational burden.			

Section 4: Faculty Recommendations

This section will be completed by the ACS ECHO Coordinator. Recommendations from our faculty will be documented below.

Recommendations/Comments from Dr. Pierre De delva (UMMC)

- Anyone can order the testing; we (at UMMC) have a specialized group who is doing these diagnostic procedures.
- Unless there is an official institutional policy on who should order, I would recommend you should be the one who orders, since you know the patient will need this and you will be acquiring the tissue. If there is an official institutional policy, then that could differ.
- We know now that almost everyone except for early-stage lung cancer could needs biomarker testing (we know Stage IV and Stage III most definitely need this), so that will help make it easier.
- Even before the clinical stage, you may want to start the process
- If the patient has a pleural effusion, you can tackle at the same time of your diagnosis
- If you have an informed team, who can make clinical staging, the time you started reflects the correct time (handled this case well, despite the unfortunate patient outcome).

Recommendations/Comments from Dr. Michal Senitko (UMMC)

- Agreed with Dr. De delva and the management of this patient
- For the patients that we see on an out-patient basis, we may have more time together (either through PET scans, etc.) prior to procedure and or clinical staging to have discussion and collect tissue. When a patient arrives in a more acute setting, you want to try to do it in the very beginning, as you do not have the same time.
- Critical to obtain tissue in the very beginning

Recommendations/Comments from Dr. Phillip Lammers (Baptist)

- Agreed with Dr. Senitko and Dr. De delva, along with the management of the patient
- Key: Having an informed member order the test opposed to having someone order it who does not know all the treatment options (even if they know some). If someone is only ordering one, two, or three tests; may not pick up everything, which is why NGS is vital, especially for Stage IV.
- For the patient who presented today, her mutation may not have been picked up without NGS (may have only tested for EGFR or ALK or PD1)
- Critical to have the informed member order; not someone who may order it piecemeal. With this approach, we quickly exhaust tissue, and this does the patient a disservice for not only exhausting their tissue, but also not knowing all their treatment options.

Dr. Raymond Osarogigbon to Dr. Phillip Lammers (Baptist)

- (to Dr. Lammers) May be helpful to share again regarding the negotiations you led with the testing vendors, e.g. how an institutional approach allows you do much more in terms of volume, access, and support
- In terms of deciding which test to order, institutions need to do research on the various vendors and the different kinds of support they provide, including their patient assistance programs. 82% of Baptist patients have not paid anything for their molecular testing; Baptist has also not needed to pay for the testing either. Important for institutions to do their homework and learn what is the best and most feasible for their

institution, financially and beyond

- Important for the people who are ordering the test to understand the downstream implications

Assigned Case Presentation Number: Click or tap here to enter text.