

# 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](mailto: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:** 11/4/2021
2. **Presenter Name(s):** Kent Taylor, MD
3. **Presenter Title(s):** Medical Oncologist
4. **Organization/Health System:** LifePoint Hospitals, Clark Regional Medical Center & Georgetown Community Hospital
5. **Please summarize the case you are presenting to the group:** 80 year old male with left lower lobe lung mass demonstrated on CT scan of the chest. CT scan of the chest on February 9, 2021 with findings of no supraclavicular or axillary adenopathy. No pleural or pericardial effusion. Two small lymph nodes in the subcarinal area which contains calcifications. Left lower lobe mass 3.3 cm with spiculated margins. Left hilar lymph node that is 1.3 x 1.1 cm concerning for metastatic disease. Second lymph node in the left lower lobe area that is spiculated and measures 2.8 cm. Bronchoscopy performed on February 9, 2021. Fine-needle aspiration of left lower lobe mass consistent with

pulmonary adenocarcinoma. Station S7 with malignant adenopathy and findings of metastatic pulmonary adenocarcinoma. Station 11 L with findings of metastatic pulmonary adenocarcinoma. Tumor cells are TTF positive and napsin positive. Negative for P 40 and CK 56. Findings consistent with pulmonary adenocarcinoma.

PET scan was obtained on February 22, 2021. Hypermetabolic mass in the left lung base that has a malignant uptake SUV of 10.1. 2.5 cm mass in the left lower lobe. Abnormal hypermetabolism in the left infrahilar region which corresponds to a 3.2 cm mass with SUV of 10.6. Multiple metastatic foci in the bony skeleton. SUV of the right humerus at 9.5. Hypermetabolism the left 3rd rib with SUV of 9.1. Hypermetabolism in the left posterior iliac wing with SUV 10.0. Diffuse bony metastatic disease.

Based on imaging from PET scan T1c N2 M1c which is stage IVB lung cancer. Discussed with the patient additional testing on tumor sample. Testing for pathology mutations also recommended an will obtain Caris panel. Will obtain guardian 360 panel today. MRI of the brain performed on March 7, 2021. Scattered focus of increased T2 signal in the cerebral white matter with nonspecific appearance. No evidence of mass or midline shift. Guardian 360 panel obtained with presence of EML4-ALK fusion mutation. ALK positive NSCLC. Discussed with the patient therapy for ALK positive metastatic non-small cell lung cancer with alectinib 600 mg p.o. BID. Reviewed NCCN guidelines with the patient and category 1 status. Reviewed study for Alectinib in New England Journal of Medicine and favorable outcomes in the setting of alk positive lung cancer. Prescription sent for Alectinib 600 mg p.o. b.i.d..

6. **Which specific questions are you asking the faculty and the other participating spoke sites?**  
Case review only. Tumor sample with PDL1 positivity at 80%.

## **Section 2: System-Level Case Presentation**

1. **Describe your current system or workflow:** *If available, feel free to provide workflow charts separately.*  
**Clinic and infusion center.**
2. **What are the primary challenges/barriers:** *Include specifics on identified gaps and quality improvement methods used to clarify the root causes.*  
Transportation, financial barriers for patients.
3. **Describe what you are trying to improve and any other relevant background information:**  
**Ease of patient access to continued care and support groups.**
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:**  
**Addition of clinic social worker.**
6. **If applicable, what data (quantitative, qualitative) do you have to augment your observations:**  
Tracking of patient visits with social worker and financial counselor.

### Section 3: Patient-Level Case Presentation

DEMOGRAPHIC INFORMATION			
1. Age	2. Gender (Choose One)	3. Race/Ethnicity (Choose All that Apply)	
80	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 type="checkbox"/> Recurred and or Progressed <input type="checkbox"/>	Adenocarcinoma <input checked="" type="checkbox"/> Squamous Cell <input type="checkbox"/> Large Cell <input type="checkbox"/>	Stage IV	
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.	

<b>The next section is ONLY for those patients who HAVE received or WILL receive biomarker testing</b>			
<b>9. Which technique was used (or will be used) to obtain specimen for pathologic diagnosis? (Choose One)</b>			
Bronchoscopic biopsy <input checked="" type="checkbox"/>		Mediastinoscopy <input type="checkbox"/>	
Endobronchial ultrasound-guided transbronchial lymph node aspiration (EBUS-TBNA) <input type="checkbox"/>		Surgical specimen <input type="checkbox"/>	
Image-guided percutaneous biopsy <input type="checkbox"/>		Thoracentesis/pericardiocentesis <input type="checkbox"/>	
Liquid biopsy <input checked="" type="checkbox"/>		Unsure <input type="checkbox"/>	
<b>10. Which platform was/will be used for lung biomarker testing? (Choose One)</b>		<b>11. If single-gene test or short-cluster panel, please identify which genes were tested:</b>	
Single-Gene Test <input type="checkbox"/>		ALK <input type="checkbox"/>	HER2 <input type="checkbox"/>
Short-Cluster Panel <input type="checkbox"/>		BRAF <input type="checkbox"/>	KRAS <input type="checkbox"/>
Multi-Gene Panel (next generation sequencing (NGS)) <input checked="" type="checkbox"/>		EGFR <input type="checkbox"/>	NTRK <input type="checkbox"/>
		MET <input type="checkbox"/>	RET <input type="checkbox"/>
<b>ADDITIONAL INFORMATION</b>			
<b>12. Please include any other information you would like to share with the group:</b>			
Click or tap here to enter text.			

**Section 4: Faculty Recommendations**

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

Click or tap here to enter text.

**Assigned Case Presentation Number:** Will be assigned by ACS