Addressing Lung Cancer Biomarker Testing Through Project ECHO: 2022-2023 Expansion

Session Five: 4.27.23
4:00 p.m. CST
Welcome to Session Five: Arkansas ACS/NLCRT Lung Cancer Biomarker Testing Project ECHO

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Today’s materials will be made available on echo.cancer.org

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Questions about Zoom? Type them in the chat box @Hannah Burson
Agenda Preview & Introductions
Today’s Agenda

01  Agenda Preview & Introductions (10 min)

02  Didactic Presentation: Navigating Insurance Complexities (20 min)

03  Didactic Q/A (10 min)

04  Case Presentation Discussion (10-15 min)

05  Post-Session Poll & Wrap Up (5 min)
This ACS NLCRT Lung Cancer Biomarker Testing ECHO series is made possible by funding provided by:

[Logos of supported organizations]

Additional thanks to Foundation Medicine
Introductions: Meet our Arkansas ECHO Hub

Sajjad A. Bhatti, MD
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Facilitator & Faculty Member

Sam Makhoul, MD
CARTI Cancer Center
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Introductions: Meet our Arkansas Spoke Sites
Reminder: Please type your *name*, *email address* and *organization* in the chat box.
Didactic Presentation:
Navigating Insurance Complexities

- Anas Abdurrahim, MHA
- Senior Director, Patient and Support Services
- CARTI Cancer Center
- Little Rock, AR
Biomarker Testing

Legislation – Coverage Landscape – The Future

Anas Abdurrahim, Sr. Director, Patient and Support Services,
CARTI Cancer Center
Little Rock, Arkansas
Central Arkansas Radiation Therapy Institute
Tissue Acquisition and Biomarker Testing

• **CARTI** Providers don’t always have unified and sufficient tissue from biopsies to perform recommended testing. Especially for lung cancer.

• Through methods of bronchoscopy and fine needle aspiration (FNA) there is a chance for lower yield malignant cells to analyze and study. It may be enough to diagnose cancer but not analyze DNA and RNA.

• Hence, the importance of coupling tissue and blood samples to capture all the possibilities of all the tumor related DNA and RNA.

(Dr. Sam Makhoul, Personal Communications, April 25, 2023)
CARTI – Testing Approaches

• CARTI utilizes liquid biopsy and blood-based testing to ensure complete genotyping.

• The liquid biopsy is triggered in case of failure of tissue biopsy. This is due to the regulations that don’t currently allow providers to do both testing mechanisms, in conjunction.

(Dr. Sam Makhoul, Personal Communications, April 25, 2023)
Lung Cancer Biomarker Testing (NSCLC) Liquid Biopsy

• According to Ezeife et al., (2022), the use of a comprehensive liquid biopsy can identify a greater number of patients eligible for targeted therapy.

• This was detected in 58% of advanced Non-Small Cell Lung Cancer patients using liquid biopsy profiling.

• Compared to 52% using standard tumor tissue profiling.
CARTI – Genotyping rates for our patients

• **CARTI** is proud to say that about 70% of lung cancer patients are genotyped.

• This is extremely important to be able to match the tumor with targeted therapy.

• **CARTI** also sends breast and colon samples for genomic assessment. For breast cancer we send hormone receptor positive breast cancer and for negative as patients’ diagnosis progresses.

(Dr. Sam Makhoul, Personal Communications, April 25, 2023)
Current Legislation - Arkansas

• Rep. Fred Allen put forth Biomarker Bill (Act 429) which as passed the house and senate, pending Governor Huckabee Sanders signature.

• The bill requires insurance companies within the state of Arkansas to cover biomarker testing.

• The test must be FDA approved, covered by Medicare or recommended in consensus guidelines.

• This is required for all insurance companies, except for Arkansas Medicaid and self funded employer plans based on specific health insurance plan coverage.
Legislation Across the Country

• Although the exceptions for AR – Current State legislation is extremely positive.
• 6 States that have passed legislation awaiting Governor’s signature.
• 16 other States have it on the House or Senate floor for voting.
Insurance Coverage Landscape
Medicare

• According to NCD, patients with Medicare coverage may receive genomic profiling sequencing panels of which are FDA approved in any advanced or metastatic solid cancer.

• More than 660,000 Arkansans are currently enrolled in Medicare.
Insurance Coverage Landscape
AR BCBS

• Unfortunately, despite many submissions of evidence and best practice guidelines, AR BCBS is the only BCBS plan in the US which doesn’t cover comprehensive genomic profiling tests for any cancer type.

• ~1.3 million Arkansans are enrolled in BCBS AR with several large employment groups.

• AIM is the laboratory benefit manager for BCBS plans and they have recently updated their policy, which may influence the need for comprehensive genomic profiling coverage.

(Julie Wiedower Kaylor, Personal communications, April 14, 2023)
• **UHC** covers for cancer types with FDA approved tests, approximately 182,000 Arkansans have this coverage.

• **Centene & Cigna** cover comprehensive genomic profiling in most advanced solid cancers for which there are NCCN recommended biomarkers. Approximately 202,000 Arkansans have this coverage.

• **Aetna** covers only tests under 50 genes. Leaving no available covered testing for many disease types such as prostate and pancreatic cancers.

(Julie Wiedower Kaylor, Personal communications, April 14, 2023)
Prior Authorizations (PA)

• For many health plans, with appropriate signatures, a laboratory can secure PA and work on appeals on behalf of the ordering providers and patients.

• PAs present logistical and administrative burdens to healthcare systems. Some insurance portals do not allow labs to enter on the behalf the provider.

• Workarounds are available via CoverMyTest and Glidean to hand off the administrative burden to the laboratory.
Future of Prior Authorizations

• “Gold-Carding”: essentially if a proven quality laboratory and provider groups are exempt from prior authorizations after a review and audit of ordering practices.

• For example, if upwards of 85-90% of orders are within requested guidelines, then the lab or office would get an exemption.

(Julie Wiedower Kaylor, personal communication, April 14, 2023)
Future of Biomarker Testing

• Collaborative approach – health plans must provide ongoing education on biomarker testing.

• Movement towards liquid biopsies to identify down the road if tumor cells are still circulating in the blood.

• Reduce cost on radiology services.

(Phillip Hopkins, Personal Communications, April 26, 2023)
Future of Biomarker Testing

• Many academic centers and patient advocacy groups, advocate for complementary testing of both tissue and blood specimens, simultaneously to achieve the greatest biomarker sensitivity.

• The use of circulating tumor DNA as a sign of minimal residual disease and response to treatment. This, in turn reduces the need for imaging and moves us towards a simple blood draw to achieve these results.

(Julie Wiedower Kaylor, Personal communications, April 14, 2023)
Health Equity

• Ensuring that all patients with insurance have access to biomarker testing.
• Our legislators and governing bodies need to take into account the disparity effecting all American citizens.
• Take into account the different types of insurance, socioeconomic and demographic backgrounds.
• Education to all and increasing level of trust with patients while also giving them access without compromising patients financially.

Thank you!

Anas Abdurrahim, MHA
Didactic Questions
Group Discussion
Wrap-Up & Post-Session Poll Questions
A Few Reminders:

Next ECHO Session: Biomarker Advocacy & Next Steps

A reminder that the upcoming session will be held on Thursday, May 25th at 4:00 pm. Calendar invitation is forthcoming.

All resources will be available on the ACS ECHO Website within 1-2 weeks and a recording and materials will be sent out by email shortly.

Questions: Contact Krista.Kirksey@cancer.org
Thank you!