



Addressing Lung Cancer Biomarker Testing Through Project ECHO in Georgia: Session 2

7.21.2021

*This project is generously supported by
Amgen Oncology*

Welcome to Session 2 of the Addressing Lung Cancer Biomarker Testing Through Project ECHO in Georgia



Each ECHO session will be recorded and will be posted to echo.cancer.org



You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
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Today's materials will be made available on echo.cancer.org within one week



Please type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.
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Remember: Do NOT share any personal information about any patient



Questions about Zoom? Type them in the chat box @kristenwehling



Agenda Preview, Orientation Poll Results, & Introductions



Adam Jones, MD

Oncology, Radiation Oncology
Phoebe Putney Health System
Radiation Oncology Associates

Chair
Georgia Lung Cancer Roundtable



Today's Agenda

-
- 01** **Housekeeping, Agenda Preview, Poll Results & Introductions** (15 minutes)

 - 02** **Didactic Presentation: *Pathways to Biomarker Testing*** (15 minutes)

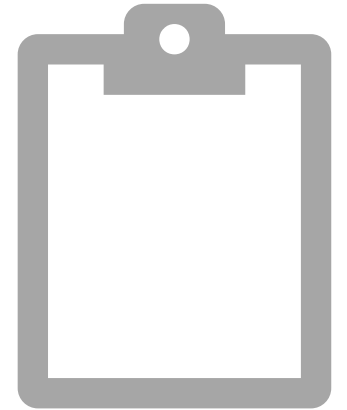
 - 03** **Didactic Q/A** (5 minutes)

 - 04** **Case Presentation** (5 minutes)

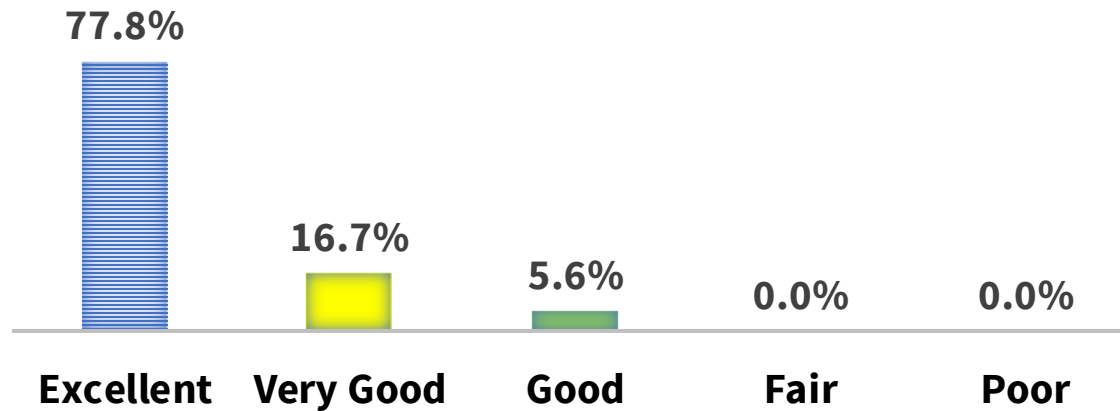
 - 05** **Case Presentation Recommendations & Discussion** (15 minutes)

 - 06** **Post-Session Poll & Wrap Up** (5 minutes)

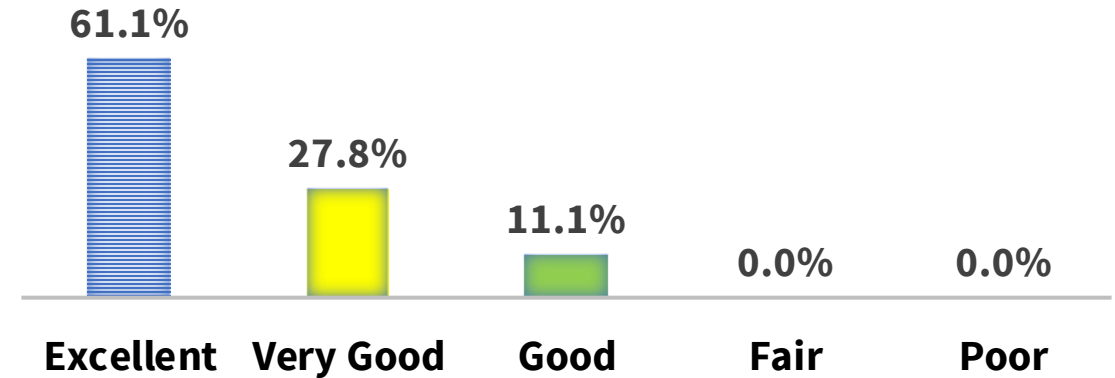
Post-Session Poll Results:
6.9.21 Georgia Orientation Session



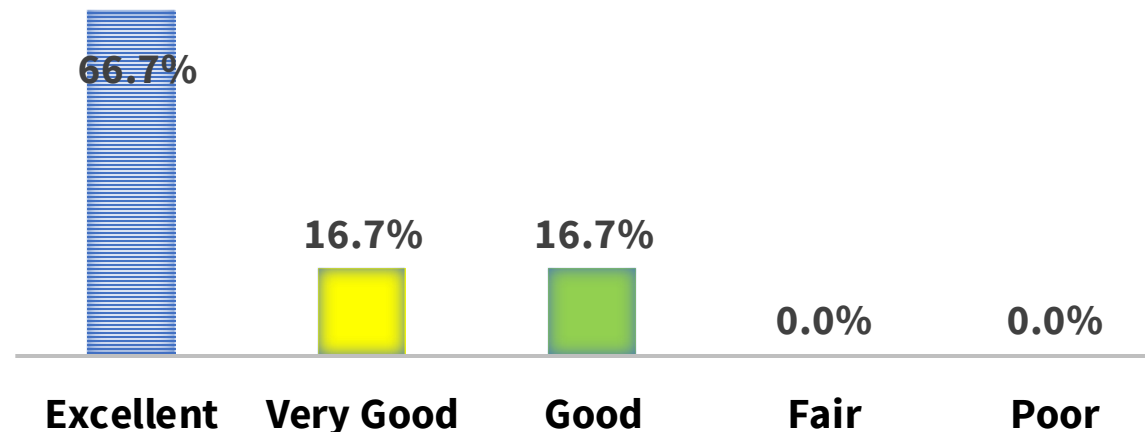
Q1: Please rate the usefulness of today's presentation in helping you understand the expectations for participating in this project:



Q2: Please rate the usefulness of today's presentation in helping you understand some of the common recommendations of lung cancer biomarker guidelines:



Q3: Overall, how would you rate today's orientation session?



Introductions: Meet our Georgia ECHO Hub



Eric Flenaugh, MD, FCCP
Grady Health System
Faculty Member



Adam Jones, MD
Phoebe Putney Health System
Facilitator & Faculty Member



Suresh Ramalingam, MD, FASCO
Winship Cancer Institute & Emory University
School of Medicine
Faculty Member



Jessica Davis
American Cancer Society
ECHO Coordinator



Kristen Wehling
American Cancer Society
ECHO Tech Coordinator

Introductions: Meet our Seven Georgia Spoke Sites



Atrium Health
Navicent



Northeast Georgia
Health System



Piedmont
COLUMBUS REGIONAL



Phoebe



**GEORGIA
CANCER CENTER**
AUGUSTA UNIVERSITY



**NORTHSIDE
HOSPITAL**
CANCER INSTITUTE
BUILT TO BEAT CANCER



ST. Joseph's | Candler



*One Person from Each Spoke Site to **Briefly Say Hello***



Reminder: Please type your *name* and
organization in the chat box

Didactic Presentation: *Pathways to Biomarker Testing*



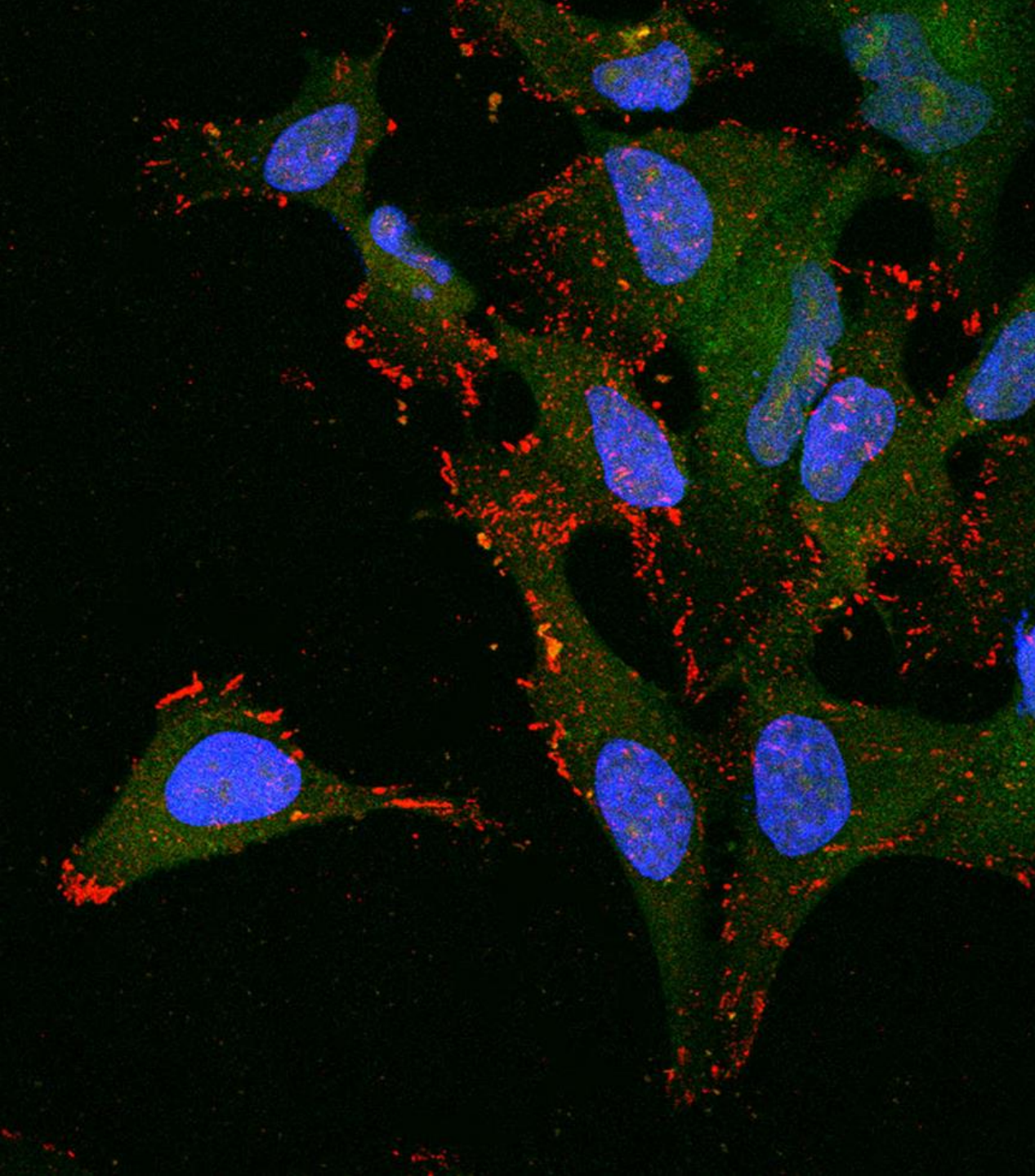
EMORY
WINSHIP
CANCER
INSTITUTE

National Cancer Institute-Designated
Comprehensive Cancer Center



**Suresh Ramalingam,
MD, FASCO**

Executive Director
**Winship Cancer Institute
of Emory University**



BIOMARKER TESTING FOR NSCLC

Suresh S. Ramalingam, MD

Executive Director

Winship Cancer Institute



DISCLOSURES

Advisory Board/Consultant

- Amgen, Astra Zeneca, BMS, Merck, Lilly, Takeda, Genmab, Eisai, GSK

Research support to institution

- Amgen, Astra Zeneca, Advaxis, Genmab, Pfizer, BMS, Merck, GSK

CONSIDER THIS SCENARIO

- 65 years old male
- 3 months history of cough, weight loss (25 lbs), fatigue and fever
- Right upper lobe mass (8 cm), liver metastasis (multiple) and bone metastasis
- PS=2
- Patient was in excellent health 6 months ago
- Biopsy revealed lung adenocarcinoma
- Presents to you for initial consultation

ANOTHER CASE SITUATION

- 72 years old female
- Presented for routine health evaluation
- Cardiac scan revealed a lung mass
- 4 cm lung right upper lobe mass, 1.5 cm adrenal metastasis and few skeletal lesions
- ECOG PS=0
- Biopsy demonstrates lung adenocarcinoma
- Presents to you for an initial consultation

FACTORS INFLUENCING NEXT STEPS IN BOTH SITUATIONS

1st Situation

- High disease burden
- Symptoms
- Declining clinical course

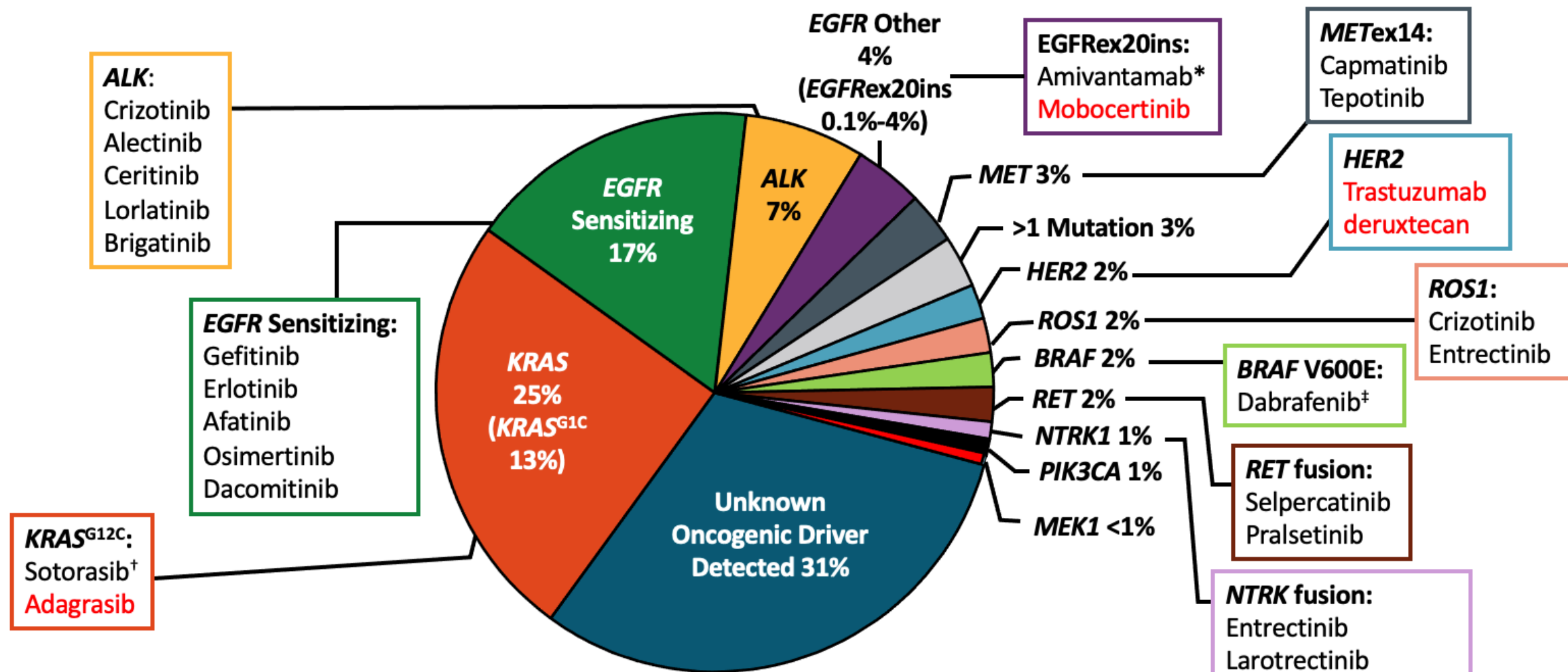
2nd Situation

- Low disease burden
- Lack of symptoms

NSCLC: IT IS NOT ONE DISEASE!

- Diagnosis of NSCLC is established by histopathology
- Core biopsy is recommended whenever possible
- Molecular testing is part of diagnostic work-up
- Treatment planning CANNOT proceed without biomarker results

~50% of Patients With Adv Nonsq NSCLC Have a Driver Mutation Targetable With an FDA-Approved Agent or on a **Clinical Trial**



WHY SHOULD BIOMARKER TESTING PRECEDE TREATMENT DECISIONS?

- Chemotherapy is no longer the standard treatment for all
- Empiric chemotherapy may be inferior for a given patient
- Use of empiric chemotherapy may deny patients the opportunity to get an effective targeted therapy
- Initiation of immunotherapy has consequences for subsequent TKI therapy

OPTIONS FOR MOLECULAR TESTING

Tissue-based testing

- NGS (turn around time 2-4 weeks)
- Targeted sequencing (testing for specific mutations only)

Peripheral blood (ctDNA)

- NGS (turn around time 8-10 days)
- Used as an alternative to tissue when tissue is not available
 - Can augment results of tissue-testing
 - Used to ascertain molecular mechanisms for resistance to targeted therapies

CHALLENGES TO BIOMARKER TESTING

- Rapidly changing landscape
- Tissue availability
- Time
- Cost

MY APPROACH

- Biomarker testing at diagnosis
- NGS platform
 - Use liquid testing as needed to speed up treatment decision
- Patient education
- Don't treat until testing is complete
 - Except situation # 1
 - Start chemotherapy alone in such case and adjust therapy when biomarker results come back

POINTS TO REMEMBER

- 20-40% of patients with metastatic NSCLC only receive one line of therapy
- It is better to be right than be early
- Molecular testing is now necessary for early-stage NSCLC (for EGFR mutation)

Didactic Q & A



Case Presentation



Adam Jones, MD

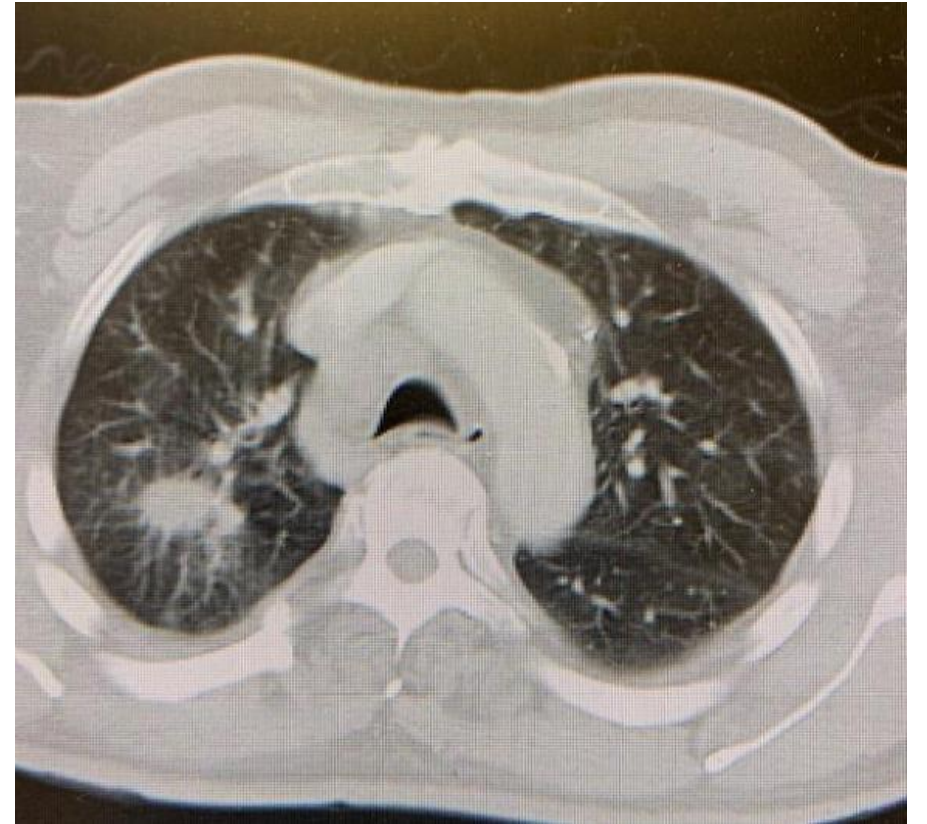
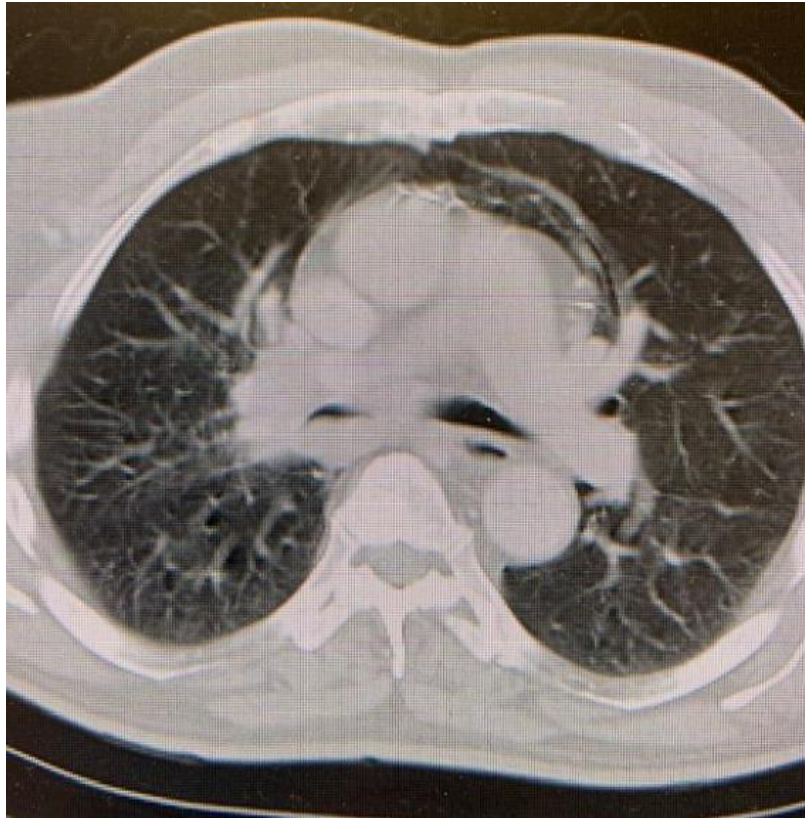
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70-year-old male, non-smoker

- Cough with productive sputum
- Scant hemoptysis
- After failed conservative medical therapy underwent CT imaging





Bronchoscopy and EBUS

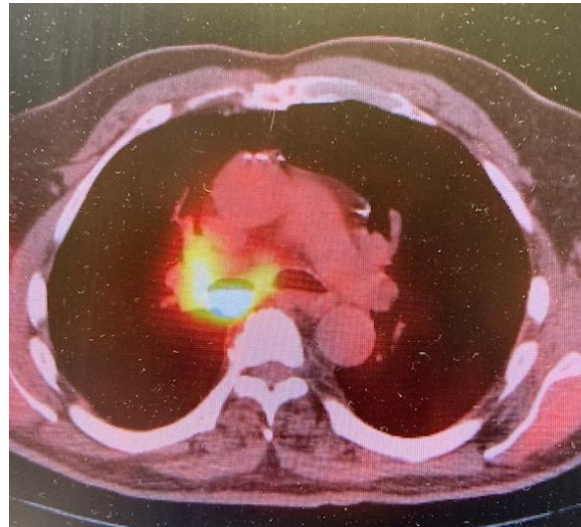
- Multiple cores submitted (4R,7)
- Primary lesion not able to be assessed
- Patient became hypoxic
- Admitted for observation
- Radiation Oncology consulted
 - Airway compression
 - Single fraction radiotherapy delivered (5Gy, limited field R airway)



PET completed



Selected fused axials



Pathology consistent with “non small lung cancer” NOS

- *Not enough tissue available to send out for biomarkers*

In summary, stage IIIB NSCL CA; significant airway compression

- CT day 6/21
- Pulmonary consult 6/24
- Bronch/EBUS day 7/1
- RT delivered day 7/2
- Path reported day 7/6
- PET completed day 7/8

Clinical Question

Do you begin (standard therapy)... Or do you repeat biopsy and delay treatment potentially another 3-4 weeks in an effort to obtain adequate tissue for biomarker testing?



Wrap-Up & Post-Session Poll Questions

A Few Reminders



Next ECHO Session: 8/26/2021 @ 1:00 PM ET



Next Didactic Presenter: *Gerard A. Silvestri, MD, MS, FCCP, Medical University of South Carolina*
Topic: *Adequate Tissue for Sampling*



Materials and Resources will be made available soon.
All resources will be available on the [ACS ECHO Website](#)



Spokes: Interested in scheduling your Case Presentation? Let us know.
Faculty: All future case presentations will be shared with you at least 24-hours in advance



Additional Feedback on Today's Session? Tell us in the Post Session Feedback Forum
(URL in chat box)



Questions: Contact [Jessica Davis](#)



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generous support!**

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Thank
YOU

SEE YOU ON 8/26/2021!