Knowledge of Molecular Testing for Lung Cancer Strong but Not Universal

Barcelona—One-third of those who responded to a survey reported they are unaware of evidence-based guidelines that support the use of molecular testing of lung cancer, according to results from The International Association for the Study of Lung Cancer (IASLC) Global Survey on Molecular Testing in Lung Cancer.

The data was presented today at the IASLC 2019 World Conference on Lung Cancer hosted by the International Association for the Study of Lung Cancer.

Current evidence-based standards for molecular testing of lung cancer have been established, but the global frequency and practice of testing are not well understood. To address this knowledge gap, the IASLC conducted an international survey to evaluate current practice and barriers to molecular testing.

The IASLC developed a seven-question introduction, with 32 questions for those requesting tests and treating patients, 45 questions on performing/interpreting assays, and 24 questions on tissue acquisition. All respondents were asked to provide three to five barriers that impede their country’s ability to offer molecular testing.

There were 2537 survey responses representing more than four practice specialties in 102 countries. More than six of 10 respondents (61%) report that molecular testing rates are less than 50% in their country, with the lowest rates reported in Latin America. Nearly four in 10 surveyed (39%) were not satisfied with the conditions of molecular testing in their country, citing concerns with the time it takes to receive results, the reliability of samples and trouble understanding results. Other findings include:

- 67% were aware of the most recent CAP/IASLC/AMP guidelines.
- 75% reported that they had multidisciplinary tumor boards, but 23% said that board met less than once a month.
- 47% stated there is no policy or strategy to improve the quality of the tissue samples in their country.
- 17% reported patients are not satisfied with the state of molecular testing in their country, 35% are unsure.

The most frequent barrier to molecular testing was cost, followed by quality/standards, turnaround-time, access and awareness.
“These preliminary analyses show molecular testing usage varies across the globe,” said Dr. Matthew Smeltzer from University of Memphis, Memphis, Tenn. “Barriers vary by region, but one-third of respondents were unaware of evidence-based guidelines—this report underscores the need for global and regional strategies to address barriers.”

About the WCLC:

The WCLC is the world’s largest meeting dedicated to lung cancer and other thoracic malignancies, attracting more than 7,000 researchers, physicians and specialists from more than 100 countries. The goal is to increase awareness, collaboration and understanding of lung cancer, and to help participants implement the latest developments across the globe. The conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit wclc2019.iaslc.org.

About the IASLC:

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated solely to the study of lung cancer and other thoracic malignancies. Founded in 1974, the association’s membership includes more than 7,500 lung cancer specialists across all disciplines in over 100 countries, forming a global network working together to conquer lung and thoracic cancers worldwide. The association also publishes the Journal of Thoracic Oncology, the primary educational and informational publication for topics relevant to the prevention, detection, diagnosis and treatment of all thoracic malignancies. Visit www.iaslc.org for more information.

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