INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

## Willingness to Perform Multiple Biopsies to Improve Quality of Lung Cancer Care: Understanding the Oncologist Perspective

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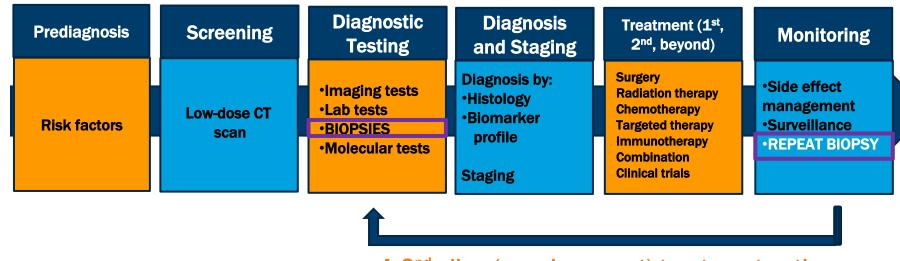
#WCLC2018

### I HAVE NOTHING TO DISCLOSE

The study was funded by Astra Zeneca

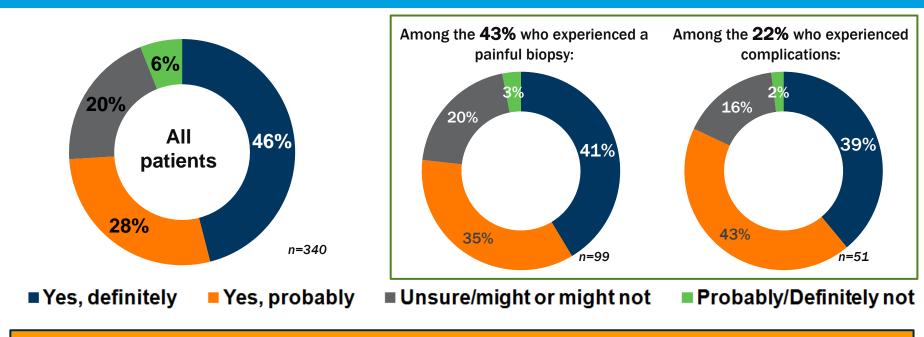


#### TREATMENT JOURNEY OF A LUNG CANCER PATIENT



- •A 2<sup>nd</sup> line (or subsequent) treatment option
- A clinical trial for a targetable mutation
- Mechanisms of resistance

#### ARE PATIENTS WILLING TO UNDERGO REPEAT BIOPSIES?



Patients are willing to undergo <u>additional</u> biopsies, even when they had an <u>initial</u> painful biopsy or a complication

# IS THERE VARIATION IN REPEAT BIOPSY PATTERNS AMONG ONCOLOGISTS?

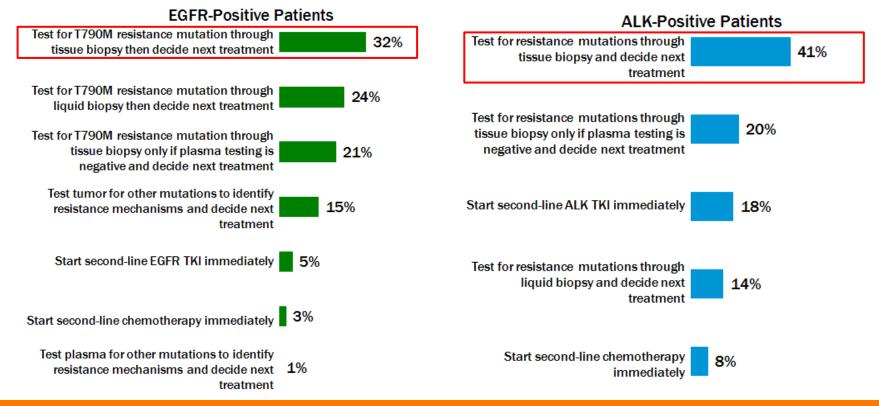
**130 oncologists** (academic research centers, NCI-designated cancer centers, community cancer centers) were surveyed

Patient Volume (annual)	Likelihood of being rebiopsied
1-49	84%
59-99	86%
100+	100%
Advanced-stage patient volume (annual)	Likelihood of being rebiopsied
•	
(annual)	rebiopsied

Practice Setting	Likelihood of being rebiopsied
Community CC	8 times less likely
NCI-designated CC	10 times more likely
Type of biomarker tested	Likelihood of being

Type of biomarker tested	Likelihood of being rebiopsied
Biomarker with approved drug	95%
PD-L1	86%
Biomarkers of resistance	85%
Biomarker for drugs in trials	43%

## HOW ARE ONCOLOGISTS USING REPEAT BIOPSY RESULTS FOR TREATMENT DECISIONS?



#### CONCLUSIONS

- There is a wide variation in repeat biopsy patterns (influenced by different factors such as practice settings, patient volume, etc.)
- Even when repeat biopsies are performed, a comprehensive biomarker profile may not be obtained, especially for markers in clinical development
- There is no clear consensus on the use of repeat biopsy results
  - ---> Variation may be due to practice setting

When in doubt, rebiopsy!