



*Below is a synopsis of important, recently published research supporting adoption of comprehensive biomarker testing in non-small cell lung cancer (NSCLC). LUNGEvity maintains a website that collates the most high impact papers and provides brief synopses for busy providers and hospital administrators.*

[View more research on the LUNGEvity Clinical Value of Biomarker Testing webpage](#)

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## **Clinical Harm From Failure to Deploy Personalized Medicine in Metastatic NSCLC**

Migliaccio-Walle, et al. *J Manag Care Spec Pharm.* 2026

This study looked at the potential impact of increasing the use of biomarker testing and targeted therapy for people with metastatic non-small cell lung cancer (mNSCLC) in the United States. Using a simulation model, the researchers compared current clinical practice with an optimal scenario in which eligible patients receive recommended biomarker testing and, when a targetable tumor change is found, the matching targeted therapy. The model used published data on testing rates, tumor changes, treatment patterns, and survival to estimate how improving the use of precision medicine could affect survival.

The researchers estimated that, among approximately 92,400 people newly diagnosed with metastatic adenocarcinoma or large-cell lung cancer each year, about 49,400 would have one of 10 targetable tumor changes included in the analysis. Under current practice, an estimated 28,200 of these patients would be identified and receive the appropriate targeted therapy. If recommended testing and treatment were consistently used, that number could increase to approximately 46,800.

The model estimated that increasing the use of recommended biomarker testing and matched targeted therapy could result in more than 20,000 additional life-years for patients in the U.S. each year.



**These findings show the potential benefit of making biomarker testing and matched targeted therapy available to more people with metastatic NSCLC. Increasing the use of recommended testing—and using the results to guide treatment—could help more patients receive the right treatment and potentially live longer. The findings also highlight opportunities for healthcare systems to improve testing and treatment practices so that more eligible patients can benefit from precision medicine.**

**Read the full research study:** [Clinical harm from failure to deploy personalized medicine for patients with metastatic non-small cell lung cancer](#)

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