

BENEFITS OF BIOMARKER TESTING

- Can help you gather as much information as possible about a person's lung cancer, ideally before starting treatment
- Help to determine whether a targeted drug therapy or a specific immunotherapy drug would be the best treatment option
- For biomarker-driven therapies that are not yet FDA-approved, clinical trials may be available and an appropriate option depending on the case

WHEN TO TEST

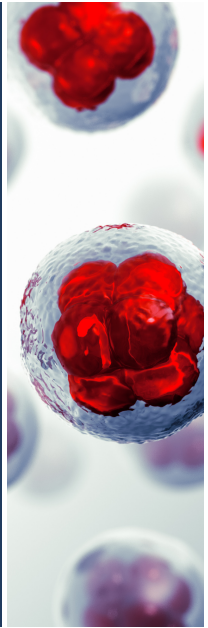
- Biomarker testing should be performed for all patients with metastatic lung cancer before initiating first line therapy
- Biomarker testing should be considered for select patients with stage I-III disease
- This area is rapidly changing and we recommend referring to [NCCN guidelines](#) for a specific guidance

DRIVER MUTATIONS/ BIOMARKERS

For NSCLC/ Lung Adenocarcinoma

- PD-L1
- EGFR
- ALK
- ROS1
- BRAF
- NTRK
- MET
- RET
- HER2
- KRAS

For SCLC, currently, biomarker testing is only being conducted for clinical trials.



DOS AND DON'TS

When explaining biomarker testing

- Take your time and don't rush
- Repeat portions of the explanation as necessary
- Try to simplify scientific terms; stay consistent with your language
- Pause and think about what you're saying and how you're saying it
- Make sure to have any handouts/information for them to take home
- Suggest getting a second opinion
- Allow time for questions
- Remember, treatments fail the patient, not the other way around
- Create systems early on to identify how you're going to get molecular testing on all of your lung cancer patients
- Have a good tracking system, so you're aware of different molecular abnormalities your patients have along with treatment options
- Everyone involved needs to understand the importance of adequate tissue and how it can influence decision-making
- If you're using molecular testing companies outside of your own institution, be aware that the molecular testing company will have a pathologist on staff that you can speak with if you are unsure about a specific molecular alteration
- If suggesting testing after a lung cancer recurrence, don't say "because you failed the last treatment..."
- It is important that providers know how each company is testing for the various biomarkers – DNA, NGS, RNA sequencing, FISH, IHC, etc, as this can influence the completeness of testing
- Communicating with patients via a portal can help maximize time spent in appointments

FOR YOUR PATIENTS

- [ACCC](#)
- [CancerCare](#)
- [CancerGRACE](#)
- [Family Reach](#)
- [Lung Cancer Research Foundation](#)
- [ALK Positive](#)
- [EGFR Cancer.org](#)
- [American Lung Association](#)
- [International Association for the Study of Lung Cancer \(IASLC\)](#)

FROM A CARE PROVIDER

When discussing new treatments based on biomarker testing, Dr. Jhanelle Gray from Moffitt Cancer Center says:

"We need to be careful when we use the words manage or managing. We're not managing the patient, we're managing the therapies, we're helping to manage the symptoms that patients experience. We also want to take time to slow down, look at what is happening in the room as you're talking, as the patient is talking to you. Language is something that is critically important."

FROM A PATIENT

"My lung cancer biomarker test guided my treatment path. Learning my tumor was KRAS-positive allowed me to make the most informed treatment decisions for my lung cancer."

- Terri, Stage IIIA non-small lung cancer survivor

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