

Oncologists: How to talk with your pathologist about cancer molecular testing

June 1 2014

As targeted therapies become more available, increasing opportunity exists to match treatments to the genetics of a specific cancer. But in order to make this match, oncologists have to know these genetics. This requires molecular testing of patient samples. An education session presented today at the American Society for Clinical Oncology (ASCO) Annual Meeting 2014 details the challenges in this process and makes recommendations that oncologists can use to ensure their patients' samples are properly tested, helping to pair patients with the best possible treatments.

"The problem is there are lot of technical, logistical steps involved in the process of obtaining and molecularly testing patient samples and each step is a place where things can go wrong," says Dara Aisner, MD, PhD, investigator at the CU Cancer Center and molecular pathologist at the CU School of Medicine. The nature of tissue samples and molecular testing means that miscommunications or mistakes can ultimately render a sample unusable.

For example, Aisner points out that the mechanics of some pathology labs dictates that biopsies performed on a Friday may sit in the preservative formalin until Sunday evening – fine for microscopy but potentially detrimental for molecular testing. Or, Aisner says, bone biopsies are commonly treated with decalcification solution to make the sample pliable enough to be cut – another technique that negates molecular testing. Or a small sample may be used up during immunohistochemistry testing that may come first in a pathology lab

workflow unless mechanisms are put into place to specifically prioritize molecular testing over other evaluations.

"A pathology lab is a high volume environment that's optimized to treat all samples the same way, according to the same protocols. If every time you want molecular testing to be the priority, you have to call and make special arrangements, it can be disruptive. The best solution for oncologists and pathology labs is to set up new norms designed to meet the needs of molecular testing, which is quickly becoming the new paradigm," Aisner says.

Aisner suggests close communication, systems approaches, keeping special requests to a minimum, and patience on the part of requesting [oncologists](#). The key, she says, is writing new institutional protocols to keep pace with the new reliance on molecular testing.

"Oncologists and pathologists both know that molecular testing is becoming an essential piece of cancer care," Aisner says. "The question now is how to best implement this testing in an efficient way that leads to the least disruption and best patient outcomes."

Provided by University of Colorado Denver

Citation: Oncologists: How to talk with your pathologist about cancer molecular testing (2014, June 1) retrieved 20 April 2024 from <https://medicalxpress.com/news/2014-06-oncologists-pathologist-cancer-molecular.html>

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