

One in 4 advanced lung cancer patients started on firstline treatment before EGFR test results available

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Almost one in four patients (24%) with advanced lung cancer in Europe, Asia and the US are not receiving EGFR test results before being started on treatment, researchers report at the European Lung Cancer Conference.

Medical Oncologist James Spicer from King's College London at Guy's Hospital, London, and colleagues studied how widely hospitals had implemented testing for mutations in the epidermal growth factor receptor gene among [lung cancer](#) patients.

Targeted therapies can more effectively treat cancers that are known to carry such mutations, Dr Spicer said. However anecdotal evidence had suggested the tests required to clarify a patient's status were not always been conducted, Dr Spicer said.

"The arrival of a new group of targeted EGFR inhibitors for the treatment of lung cancer driven by mutations in the EGFR gene has brought with it a new requirement for diagnostic laboratories to implement genetic testing," he explained. "For many institutions this has represented a significant departure from traditional pathology, which had previously focused only on microscopic examinations of tumour tissue."

"The new skills and investment required to deliver this new molecular

pathology have understandably taken time to become universally available. Furthermore, the new clinical data underlying these developments has mandated a change in clinical practice, particularly the adoption of new treatment approaches in newly diagnosed patients?, and these changes have been adopted with variable speed around the world."

Ideally, all patients with non-small cell lung cancer of non-squamous ?histology who are fit for treatment of advanced disease should undergo EGFR mutation tests, Dr Spicer explained. This should be done in a timely manner so as not to delay first line treatment choices.

To examine the real-world situation, he and colleagues conducted an online survey of 562 oncologists in 10 countries (Canada, France, Germany, Italy, Japan, South Korea, Spain, Taiwan, UK and USA) between December 2014 and January 2015.

"We found that globally almost one in four patients are tested but results are not available at the time the treatment decision is made," Dr Spicer said.

"Not only were some suitable patients not ?tested at all for tumour EGFR mutations, some patients did undergo testing, but the treatment decision about whether to give an EGFR inhibitor or chemotherapy as first line treatment was taken without reference to the result."

For some patients, not being tested may adversely affect their treatment outcomes, Dr Spicer said. "Indeed, some recent clinical trial evidence suggests that this may even be compromising access to treatment that is associated with an overall survival benefit."

Commenting on the study, Professor Silvia Novello from the Department of Oncology at the University of Turin, Italy, said a particular strength of the study was its international nature. She said it

was interesting that the authors were able to show that EGFR mutation testing was requested prior to first line therapy in 81% of patients with stage IIIb/IV non-small cell lung cancer and that results were demonstrated to be available before administration of treatment in 77% of cases. She noted that interpretation of the findings is limited by the fact that it is a survey-based report rather than an observational trial.

Respondents to the survey said a lack of sufficient tissue, a long turn-around time for testing and the poor performance status of the patient were among the reasons for non-testing and non respecting completely the IASLC guidelines. "The first two reasons are partially related to an incomplete integration of multidisciplinary oncology teams, while the third one can be attributed to an imperfect knowledge of data regarding the use of EGFR inhibitors," Professor Novello said.

Provided by European Society for Medical Oncology

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