

International lung cancer experts seek public comments on revised molecular testing guideline

June 28 2016

Share Your Voice

June 28–August 2, 2016

Weigh-In to Improve Lung Cancer Care

Public Comment Period Now Open:

Help update the 2013 “Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors”

400+

Articles reviewed to reaffirm original statements

1,600+

Articles reviewed to create new statements

20 NEW

Statements to guide optimal patient care

Review new evidence-based draft recommendations

- ✓ Evaluate evidence
- ✓ Identify gaps in proposed guidance
- ✓ Ensure proper testing and treatment

Physicians, clinicians, patients, and advocates: participate today.

Open comment period closes August 2, 2016.



COLLEGE of AMERICAN
PATHOLOGISTS



International Association for the Study of Lung Cancer



ASSOCIATION
FOR MOLECULAR
PATHOLOGY

The College of American Pathologists (CAP), the International Association for

the Study of Lung Cancer (IASLC), and the Association for Molecular Pathology (AMP) announced today the open comment period for the revised evidence-based guideline, "Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors." Credit: College of American Pathologists

The College of American Pathologists (CAP), the International Association for the Study of Lung Cancer (IASLC), and the Association for Molecular Pathology (AMP) announced today the open comment period for the revised evidence-based guideline, "Molecular Testing Guideline for Selection of Lung Cancer Patients for EGFR and ALK Tyrosine Kinase Inhibitors."

The open comment period begins today and will close on August 2, 2016. The online format provides an opportunity for public review of new draft recommendations for several key topics, as well as recommendation statements that have been reaffirmed since the initial guideline was jointly published online in April 2013 by *Archives of Pathology & Laboratory Medicine*, *The Journal of Thoracic Oncology*, and *The Journal of Molecular Diagnostics*.

"In an era of precision medicine, our collective ability to not only understand but leverage the latest breakthroughs in [lung cancer](#) research will enable us to provide more precise targeted treatment options. The revised guideline provides a clear framework based on evidence from recently published clinical literature," said Philip T. Cagle, MD, FCAP, medical director of pulmonary pathology in the Department of Pathology and Genomic Medicine at Houston Methodist Hospital, editor-in-chief of *Archives of Pathology & Laboratory Medicine*, and CAP member.

The guideline revisions are designed to provide state-of-the-art molecular testing of lung cancer recommendations for pathologists, oncologists, and other cancer and molecular diagnostic laboratory professionals. The revisions are all based on evidence from an unbiased review of published experimental literature since 2013 and include the recommendations from an expert panel of renowned worldwide leaders in the field. The final recommendations will be approved and jointly published after consideration of the public comments, further panel discussion, and a complete evidence analysis.

"The revised guideline reinforces the importance of molecular testing, establishes molecular testing standards, and helps guide targeted therapies for lung cancer," said Yasushi Yatabe, MD, PhD, chief of the Department of Pathology and Molecular Diagnostics at Aichi Cancer Center in Nagoya, Japan, and IASLC member. "We strongly encourage our peers to provide feedback to ensure our draft recommendations are sound, practical, and implementable, so we can all support best clinical practices and provide optimal care to our patients."

"The final manuscript will serve as both an update and extension of the 2013 practice guideline that established evidence-based identification and best practices for molecular biomarker testing for patients diagnosed with non-squamous, non-small cell lung cancer of all stages," said Neal I. Lindeman, MD, director of Molecular Diagnostics Laboratory at Brigham and Women's Hospital, associate professor of pathology at Harvard Medical School, and AMP member. "This guideline will continue to be updated as appropriate, and guidelines for other biomarkers associated with lung cancer will be added as more research becomes available."

Together with a multi-disciplinary expert panel, Co-chairs Cagle, Yatabe, and Lindeman formulated new draft recommendations addressing these key questions:

- What other genes, previously not addressed, should be tested in lung adenocarcinoma?
- Is immunohistochemistry reliable for screening for ALK translocations?
- What are the types and rates of secondary resistance in patients who are undergoing treatment with targeted tyrosine kinase inhibitors?
- What are the clinical performance characteristics of circulating DNA/CTC in plasma when used for diagnosis of primary lung adenocarcinoma or relapse?
- Are there biomarkers that are predictive of clinical outcome in squamous and small cell lung carcinomas?
- What key considerations are there regarding next-generation sequencing panels targeting key genes or regions of interest?

In conjunction with revising the guideline, CAP, IASLC, and AMP will develop clinical tools and resources for pathologists and oncologists that summarize the findings and recommendations. The organizations expect to develop a patient guide for further understanding, including questions for patients to ask their physicians.

More information: Click here for more information and to provide comments: [www.iaslc.org/articles/capiasl ... -open-comment-period](http://www.iaslc.org/articles/capiasl...-open-comment-period)

Provided by International Association for the Study of Lung Cancer

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