

Blood tests at the time of diagnoses of lung cancer may speed up treatment decisions

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A study from Gundersen Health System, La Crosse, Wisconsin, reveals to the value of blood-based genomic and proteomic testing in patients with lung cancer at the time of initial diagnoses. Non-small cell lung cancer (NSCLC) refers to a group of cancers that share common characteristics but have different genetic features that make them more or less responsive to specific treatments. In this study, genomic and proteomic testing of blood specimens rapidly identified genetic mutations that determined optimal, personalized treatment. Compared with testing of biopsy specimens, the blood tests yielded both important diagnostic information much faster (within 72 hours) regardless of disease stage, and significantly decreasing the wait period between diagnoses and the start of treatment.

"Lung cancer often goes undiagnosed until more advanced stages. Treatment decisions need to be made as quickly as possible. Thanks to recent advances in differentiating cancers based on their genetic and protein biology, treatment of [lung cancer](#) is now individualized. Determining which treatment works best for which patient involves not only considering the tumor's size and spread, but also on its genetic composition. Waiting for test results on biopsy material to determine the correct course of action can delay treatment for several weeks, sometimes months," says lead author Dr. Jennifer Mattingly. "The rapid and accurate results of these tests significantly decreases the wait time between diagnosis and [treatment](#)."

Further study results will be shared at CHEST Annual Meeting 2016 in

Los Angeles on Wednesday, October 26th, from 1:30 p.m. - 2:30 p.m. at the Los Angeles Convention Center-Exhibit Hall, poster 782. The study abstract can be viewed on the website of the journal *CHEST*.

More information: Jennifer Mattingley et al, Blood-Based Genomic and Proteomic Testing for Newly Diagnosed Lung Cancer Patients to Facilitate Rapid Treatment Decisions and Prognostic Conversations, *Chest* (2016). [DOI: 10.1016/j.chest.2016.08.816](https://doi.org/10.1016/j.chest.2016.08.816)

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