

Molecular testing rates in most countries less than 50 percent

May 20 2020



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Access to targeted therapies for lung cancer depends on accurate identification of patients' biomarkers through molecular testing, but survey results published today in the *Journal of Thoracic Oncology*

suggest that many international clinicians are unaware of evidence-based guidelines that support the use of molecular testing.

Current evidence-based standards for molecular testing of [lung cancer](#) have been established, but the global frequency and practice of testing are not well understood. To address this knowledge gap, the International Association for the Study of Lung Cancer (IASLC) conducted an international survey to evaluate current practice and barriers to molecular testing.

The IASLC developed a seven-question introduction, with 32 questions for those requesting tests and treating patients, 45 questions on performing/interpreting assays, and 24 questions on tissue acquisition. All respondents were asked to provide three to five barriers that impede their country's ability to offer molecular testing.

There were 2537 survey responses representing more than four practice specialties in 102 countries. More than six of 10 respondents (61%) report that molecular testing rates are less than 50% in their country, with the lowest rates reported in Latin America. Nearly four in 10 surveyed (39%) were not satisfied with the conditions of molecular testing in their country, citing concerns with the time it takes to receive results, the reliability of samples and trouble understanding results. Other findings include:

- 67% were aware of the most recent CAP/IASLC/AMP guidelines for molecular testing.
- 75% reported that they had multidisciplinary tumor boards, but 23% said that board met less than once a month.
- 47% stated there is no policy or strategy to improve the quality of the tissue samples in their country.
- 17% reported patients are not satisfied with the state of molecular testing in their country, 35% are unsure.

The most frequent barrier to molecular testing was cost, followed by quality/standards, turnaround-time, access and awareness.

"The risk of death for patients with non-[small cell lung cancer](#) is substantially reduced when a gene alteration is identified and the available targeted therapy is administered," said Dr. Matthew Smeltzer, IASLC committee member, and lead author from the University of Memphis, Memphis, Tenn. "But one-third of respondents were unaware of evidence-based guidelines that recommend using these therapies."

Smeltzer recommended that continuous education around molecular testing in [lung cancer](#) should be intensified on national and international levels to ensure patients receive optimal therapy.

More information: Matthew P. Smeltzer et al. The International Association for the Study of Lung Cancer (IASLC) Global Survey on Molecular Testing in Lung Cancer, *Journal of Thoracic Oncology* (2020). [DOI: 10.1016/j.jtho.2020.05.002](https://doi.org/10.1016/j.jtho.2020.05.002)

Provided by International Association for the Study of Lung Cancer

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