IASLC molecular subcommittee lung cancer dataset develops international biomarker snapshot

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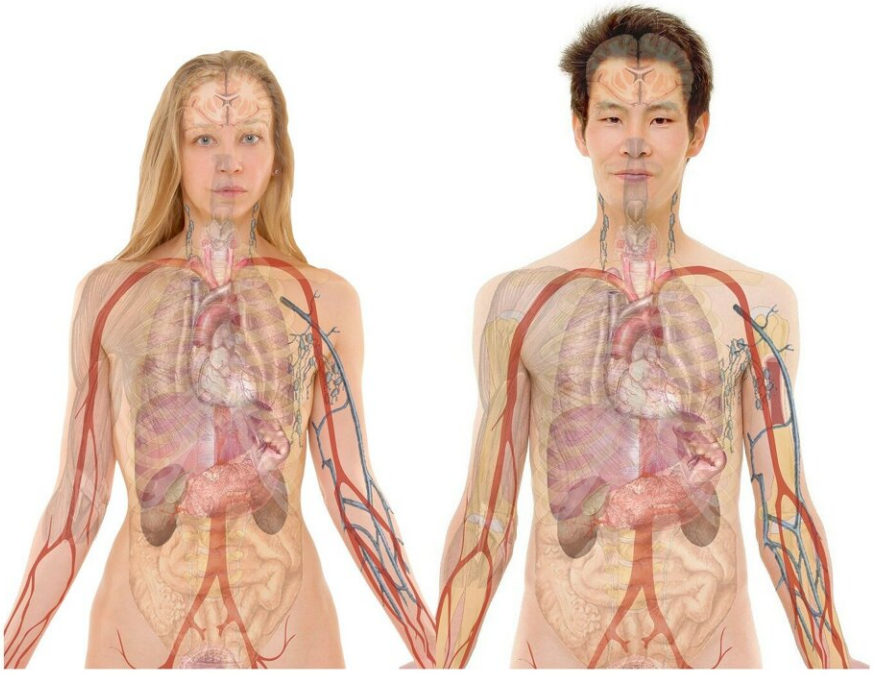

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For the first time, the IASLC's Staging and Prognostic Factors Committee (SPFC) has accumulated molecular biomarker data to

complement Tumor, Node, and Metastasis (TNM)-based prognostication. Results from the committee's first effort were reported today at the IASLC 2021 World Conference on Lung Cancer in OA06: Prognosis and Staging.

Biomarker-directed treatment and prognostication are changing lung cancer care. Differences in the prevalence, and disparities in use, of biomarkers inhibit dissemination of personalized cancer care on a global scale, reported Professor Raymond Osarogiagbon, Baptist Cancer Center, Memphis, Tenn. In the TNM system: the "T" refers to the size and extent of the main tumor; the "N" refers to whether and where lymph nodes are involved with cancer; and the "M" refers to whether the cancer has metastasized to other sites.

To create the data set, the IASLC Staging and Prognostic Factor Committee collected 64,434 lung cancer cases diagnosed from 2010 to 2019, staged by 8th Edition of the TNM Classification for Thoracic Cancers , from Asia, Australia, North America and Europe.

The committee reported on data sources, NSCLC characteristics and biomarker data (ALK, BRAF, EGFR, KRAS, ROS1, MET, RET, NTRK1, ERBB2 or PD-L1) submitted by Electronic Data Capture (EDC) and compared EDC cases with and without biomarker data as of April 1, 2021.

Of the 64,434 cases in the committee's NSCLC database, 6,611 (10%) were EDC cases; of these, 2,068 (31%) had biomarker data. All biomarker data came from 14 countries including China (28%), Canada (25%), Spain (15%), Australia (10%), and India (5%). Cases with biomarker data were more likely to be adenocarcinoma, of advanced stage, and nonsurgical, although 46% of patients had undergone surgery.

Single gene tests predominated, with EGFR (70%) being most common. Most cases were wildtype, ranging from 68% of KRAS- to 100% of NTRK-tested cases.

"This database will expand as we include non-EDC cases. However, given the potential for a global database to create insights into patterns and outcomes of lung cancer care, a more comprehensive recruitment of additional institutions, countries, and continents is needed to ensure that the dataset reflects the global epidemiology of lung cancer," said Prof. Osarogiagbon.

More information: Conference: iaslc.6connex.us/event/WCLC2021/login

Provided by International Association for the Study of Lung Cancer

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