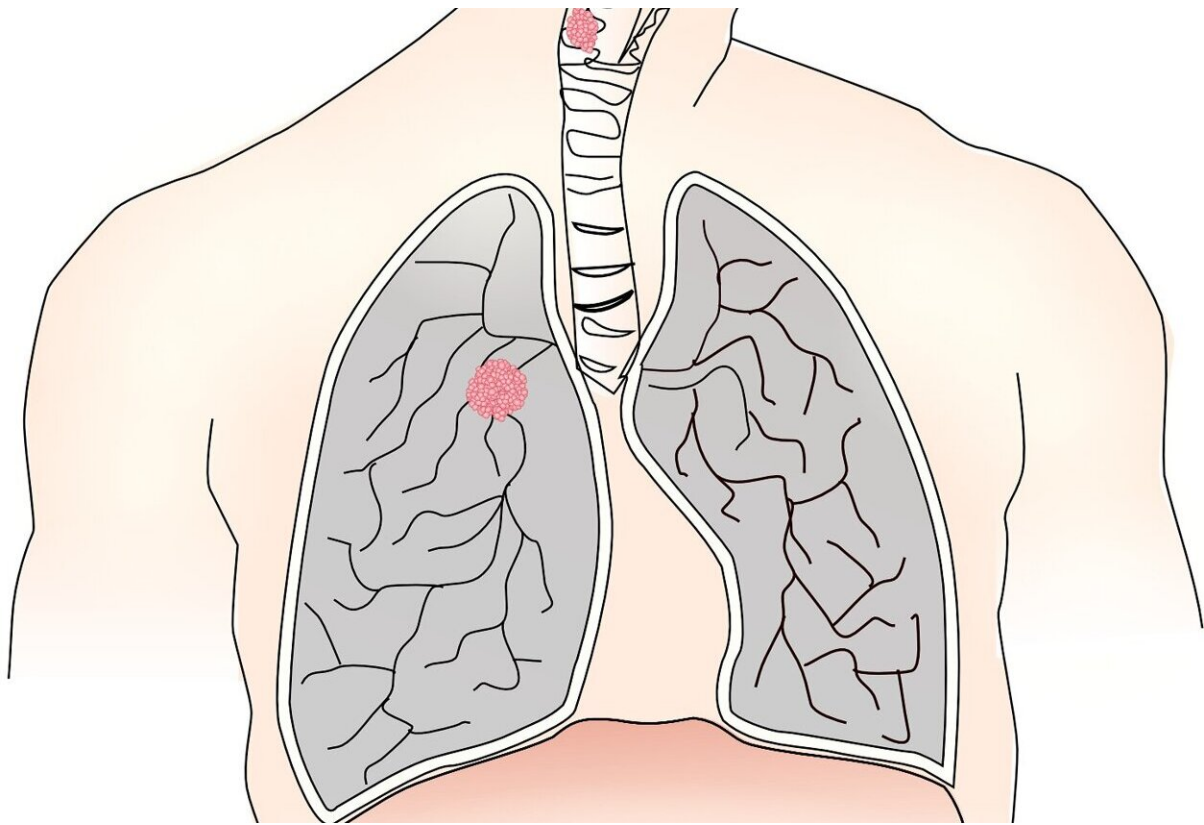


Survey reveals progress and persistent barriers in lung cancer biomarker testing

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Despite significant improvements in the perception of biomarker testing compared to a 2018 survey, substantial barriers to implementation persist globally, according to results of the 2024 IASLC Global Survey

on Biomarker Testing released today at the International Association for the Study of Lung Cancer (IASLC) [World Conference on Lung Cancer 2024](#).

The 2018 survey revealed that the adoption of biomarker testing was low due to cost, lack of quality and standards, access, awareness, and long turnaround times. However, since 2018, numerous therapeutic advances have been made in late-stage and early-stage lung cancer, according to Matthew Smeltzer, Ph.D., of the University of Memphis, Memphis, Tenn.

The 2024 survey generated 1,677 responses from 90 countries and 14 medical disciplines and found a positive shift in the perception and frequency of biomarker testing, according to Smeltzer.

The survey was available in English, French, Japanese, Chinese, Portuguese, and Spanish. The survey contained sections on demographics, current practices and perceptions, pathology, ordering tests or treatment, acquiring tissue, barriers to optimal testing, and potential solutions. The researchers grouped responses by IASLC global region and by High/Upper-Middle income countries (HUMIC) and Low/Middle income countries (LMIC).

Smeltzer said that 67% of respondents reported that more than half of lung cancer patients are tested in their country, a significant increase from 39% reported in 2018. Despite this progress, barriers remain prominent, with cost (27.2%), time (13.9%), and sample quality (13.8%) cited as major obstacles. Notably, 43% of respondents reported treating patients before receiving biomarker results.

Respondents from high/upper-[middle income countries](#) (HUMIC) expressed greater health care system support for biomarker testing compared to those from low/middle income countries (LMIC), where

only 18.6% noted similar support. The survey also revealed that a substantial proportion of testing costs are only partially reimbursed, and turnaround times for tissue testing average 14 days with no clear consensus on the causes of delays, he reported.

The survey respondents suggested a number of methods to improve biomarker testing, including enhanced education for providers and patients, streamlined clinical processes through reflex testing, increased funding from both governmental and insurance sources, and broader policy changes. Smeltzer indicated that the IASLC plans to launch a series of initiatives to address these areas, targeting awareness, access, processes, and policy improvements.

"The survey's findings reflect both the progress made and the work still needed to ensure that [biomarker](#) testing becomes a standard part of lung cancer care worldwide," Smeltzer reported.

Provided by International Association for the Study of Lung Cancer

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