

Educating The Multispecialty Team on Molecular Testing Related to Immunotherapy



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INTRODUCTION

Clinical guidelines for metastatic non-small cell lung cancer (NSCLC) increasingly include molecular testing for actionable biomarkers related to immuno-oncology (IO) use in lung cancer patients. While precision therapies targeting the PD-1/PD-L1 pathway have the potential to improve patient response rates, there is ambiguity regarding optimal biomarker testing and care coordination for NSCLC patients.

To address this disparity in health care delivery, an online education program on molecular testing related to immunotherapies was developed for multispecialty providers. Learner responses were evaluated to determine the educational impact.

METHODOLOGY

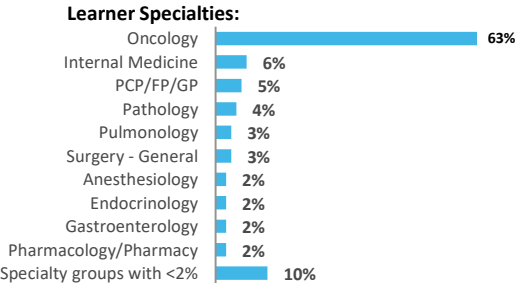
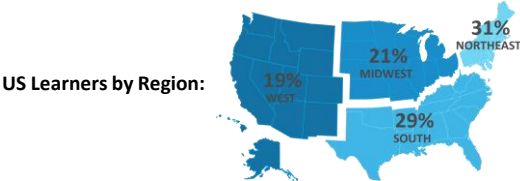
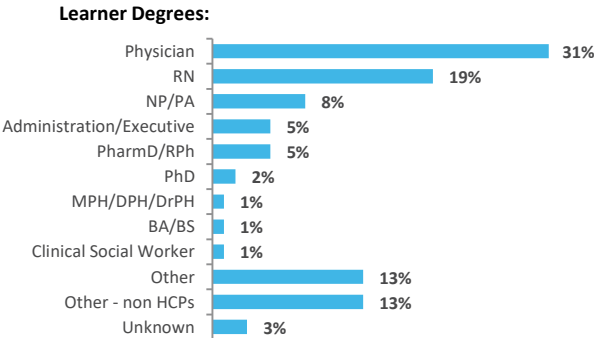
A thoracic surgeon, medical oncologist and pathologist developed a curriculum to address the current diagnostic landscape in IO, the value of testing and patient response rates, and how to optimize care coordination and communication among multi-specialty team members.

In February 2018, a live-online 1-hour video panel discussion with slides, participant polling, and live questions was produced and made available on-demand. Survey responses (pre-test, post-test, 4 weeks post-activity), polling responses, and live questions were tracked to measure knowledge gaps, lessons learned, and educational needs. Attendees interacted with faculty through real-time Q&A. Demographic information was collected for generalizability. Learners were asked 3 knowledge-based questions at the start and conclusion of the education activity:

- How does a companion diagnostic differ from a complementary diagnostic?
- When should a patient be considered for repeat PD-L1 testing?
- Who should order molecular testing for a locally advanced NSCLC patient?

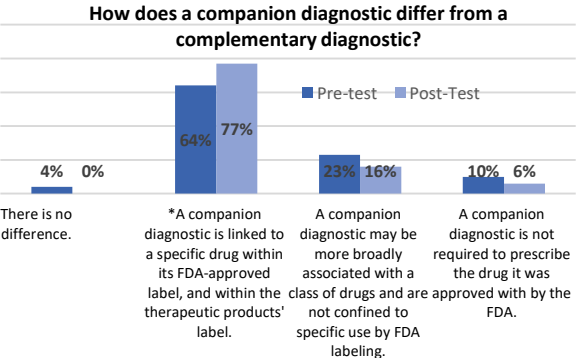
DEMOGRAPHICS

Most learners indicated specializing in oncology (63%), were practicing physicians (31%), and saw 1-10 new patients on an IO therapy each week (72%) in a hospital-based setting (35%).



RESULTS

- 71 learners participated in the live webinar; 114 learners have participated in the on-demand webinar (**n=185**).
- Learners were actively engaged for an average of 35.19 minutes (out of 52 minutes).
- **96%** of learners reported they will actively utilize the knowledge gained into their clinical practice.
- Because of the education provided, learners reported improvements in their ability to:
 - Identify patients to test and treat with IO (**75%**)
 - Comprehend the current diagnostic landscape in IO (**100%**)
 - Optimize communication and coordination of IO testing (**100%**)
- Analysis of pre-test and post-test responses to knowledge-based questions highlighted gaps in learner knowledge that were effectively addressed through this education activity, such as differentiating between companion and complementary diagnostics:



CONCLUSIONS

The rapid expansion of cancer immunotherapy-based options for patients with lung cancer requires providers to stay abreast on guidelines related to molecular testing.

Continued refinement of care coordination practices between multispecialty team members and education on the value of molecular testing is recommended to improve the diagnosis and appropriate treatment decisions for patients with lung cancer.

Future research should explore the barriers facing the multispecialty team related to molecular testing for lung cancer patients to support the delivery of effective practices.

ASSOCIATION OF COMMUNITY CANCER CENTERS IMMUNO-ONCOLOGY INSTITUTE

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