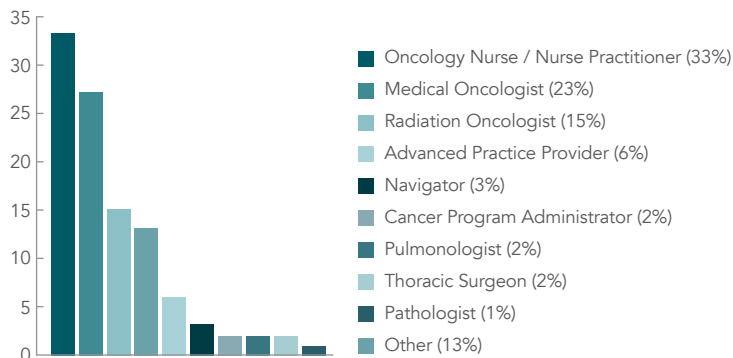


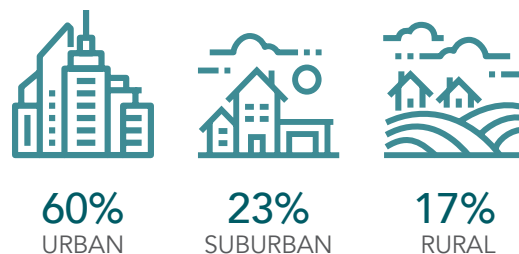
OVERVIEW OF EARLY STAGE NON-SMALL CELL LUNG CANCER SURVEY RESULTS

ACCC conducted a survey of multidisciplinary providers across the United States to assess current diagnostic, staging, and treatment practices for individuals with Stage IB-IIIa non-small cell lung cancer (NSCLC). The survey received 124 responses from multidisciplinary cancer care team members practicing in 33 states. Annual lung cancer case volumes per stage (IB, IIA/ IIB, IIIA) ranged from less than 5 to more than 50.

RESPONDENT SPECIALTIES

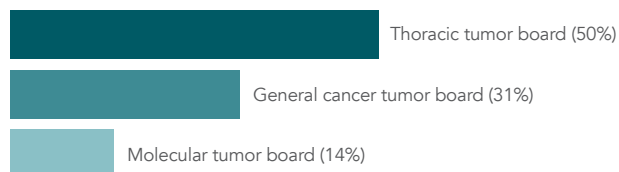


PRACTICE LOCATIONS



TUMOR BOARDS

Multidisciplinary tumor boards were a common practice at the sites surveyed. The frequency of tumor board meetings ranged from weekly (57%) or biweekly (22%) to monthly (11%).



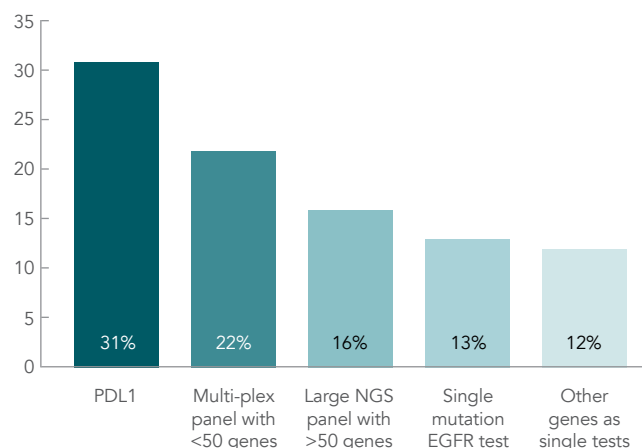
Less than 5 percent of respondents do not regularly meet for tumor boards or are unsure of frequency.



BIOMARKER TESTING

Most programs (66%) report having a standard biomarker testing protocol (21% do not and 12% were unsure).

FREQUENTLY ORDERED TESTS



Tissue-based biomarker testing is typically ordered by:

- Medical oncologists (46%)
- Surgeons (18%)
- Pathologists (17%)
- Pulmonologists (10%)
- Advanced Practice Providers (6%)

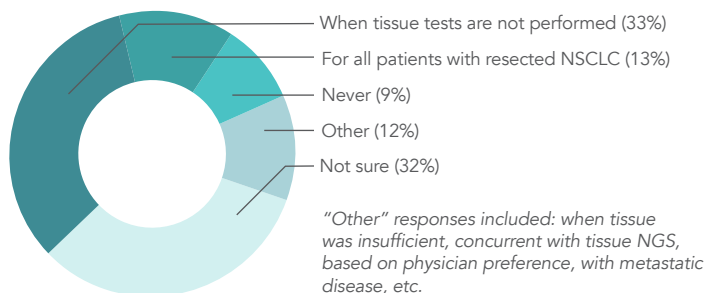
The most common reasons cited for not ordering biomarker testing on eligible early-stage patients with NSCLC include:

- Insurance ineligibility (25%)
- Patient refusal (13%)
- Physician believes the test is not needed (15%)
- Physician forgets to order the test (13%)



LIQUID BIOPSY

For patients with resected NSCLC, respondents report that liquid biopsy is ordered:



Liquid biopsies for resected NSCLC are typically ordered by medical oncologists (60%).



ADJUVANT TREATMENT

When a driver mutation is identified, 40% of respondents report that adjuvant targeted therapy is initiated in <50% of patients at their institution. Adjuvant treatment decisions for individuals with resected NSCLC are most often made by:



68%
Medical Oncologists



24%
Multidisciplinary Clinic



8%
Surgeon

Most respondents (83%) agree that their cancer practice has the staff and resources to adequately navigate patients with early-stage NSCLC on available services and treatment options. However, only 45% report that their site assigns a nurse navigator to the majority of patients with early-stage NSCLC.



BARRIERS TO OPTIMAL CARE

Overall, respondents report the biggest barriers to providing optimal care for early-stage lung cancer at their institutions were:

- Scheduling difficulties for diagnostic procedures and/or surgery (23%)
- Patient refusal of treatment (19%)
- Breakdown in communication between patients and cancer care team members (17%)
- Inadequate staffing resources (15%)
- Limited access to certain subspecialties (14%)
- Breakdown in communication within the cancer care team (8%)

A publication from the ACCC education program, Changing Care Patterns for Patients with Early-Stage Non-Small Cell Lung Cancer (NSCLC). Learn more at acc-cancer.org/early-NSCLC.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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This project is supported by:



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