LUNGEVITY HEALTH EQUITY SUMMIT: A FOCUS ON BIOMARKER TESTING

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Among the geological scholarly community, it is widely agreed that the estimated age of the Earth is 4.5 billion years. However, that number was a mystery for a long time. In 1862, William Thomson, Baron Kelvin—a famous British physicist and mathematician who helped formulate the second law of thermodynamics—estimated that Earth was no more than 400-million years old. The foundation of his hypothesis was the calculation of how long it would have taken the earth to cool if it had begun as a molten mass. While his conclusion was wrong, his technique followed the proper scientific method.

An error of this magnitude fails to negate or even diminish the impressive contributions Lord Kelvin made to science. He provided a framework for others to build upon, and in doing so, demonstrated the kind of collaboration that is essential to most sciences—oncology included. In this spirit, LUNGevity invited the Association of Cancer Care Centers (ACCC) and other stakeholders across the oncology world to Washington DC, for their second Health Equity Summit on Tuesday, March 12.

A Day of Collaboration

Determined on following the momentum of LUNGevity's inaugural Health Equity Summit in 2022, the meeting was focused on addressing health disparities in lung cancer treatment by removing barriers to optimal care through policy solutions. "During today's discussion we are going to be talking about policy orientated solutions to health equity issues," said Brandon Leonard, MA, senior director, Government Affairs at LUNGevity. "That includes federal or state legislation and policies that were developed by professional societies to influence the delivery of medicine."

The day began with intimate, small group discussions that allowed attendees to discuss recent care developments they are excited by. Some responses include:

- Increased survival in patients with lung cancer is a source of hope.
- The Centers for Medicare & Medicaid Services reimbursement and the community keeping racial injustice in focus.
- The passing of prior authorization and biomarker bills.
- The focus of state level efforts to ensure equitable care.

As the larger group reconvened, Andrea E. Ferris, MBA, president and CEO of LUNGevity echoed the enthusiasm attendees had shared while highlighting the organization's goals for the future. "Our goal is to transform the entire continuum of lung cancer. From pre-diagnosis to the treatment of the disease," she said. According to Ferris, this mission inspired the launch of their **Early Lung Cancer Center** and focus on biomarker testing. "As an organization, we have been focused on biomarker testing," she said. "But we know one thing on its own is not going to transform this disease, and we cannot do it on our own."

Biomarker Testing

According to Ferris, it is imperative that patients understand what biomarkers tests they eligible for, and what drugs may be available for them in the future. "Our goal is not just to make sure that people are getting tested, but to make sure that people are getting treated," she said. "A lot of our clinicians were trained before molecular medicine came to the forefront, so they are learning a lot."

Ensuring that clinicians give patients the resources to make informed decisions is key as LUNGevity estimates that 2024 will see 80,000 newly diagnosed patients with nonsquamous non-small cell lung cancer, with a biomarker, with a US Food and Drug Administration approved targeted therapy. "Of this pool, 52,800 will be stage III or stage IV," Ferris explained. "That is a very large population we are trying to solve for."

Ferris went on to highlight a study that analyzed potential practice gaps in achieving comprehensive biomarker testing. According to Ferris, 6.6% of the surveyed patients did not have a tissue and/or liquid biopsy performed. "For 18.1% of the patients, their physician did not order a biomarker test due to a lack of awareness or premature treatment selection," she said. Inconclusive tests were reported in 18.4% patients and for 29.2% of the sample, a targeted treatment was not selected despite the presence of the biomarker. "This is the piece I am most fascinated by, and what we are here to work on today," Ferris said. "How do we make sure if everything goes well, that people are getting standard of care?" Ferris argues that a number of these care gaps are tied to an "explosion of information" that the cancer care system has not kept up with. "The science is outpacing the health system. It is out pacing the way health care is delivered, and it is outpacing the policies," she said.

The Desired Future

The data Ferris shared caused attendees to brainstorm on what they want the future landscape of biomarker testing to resemble in 5 years. Here are key takeaways:

- The electronic health record has new standardized fields for test results and treatment recommendations.
- The implementation of specialized biomarker testing patient navigators.
- Care is sensitive to multiple gender identities.
- Tracking the correct use of biomarker testing is a routine part of management.
- Physicians are involved in developing institutional guidelines which are rapidly updated.

The final point was echoed by every physician in the room as most believed they are often excluded in this decision-making process. One argued that this is counterproductive as physicians are the ones expected to implement these guidelines. An undoubtedly valid point that echoes the importance of collaboration in delivering next-generation cancer care. Attendees believed that through wholistic, cross-institutional collaboration, cancer care teams around the country will have the voice and resources to affect policies on a state and federal level. A similar belief has fueled ACCC to develop extensive resources—with partners like LUNGevity— to improve the biomarker testing landscape. The Association hopes to play a significant role in helping care teams around the country achieve the desired future for biomarker testing.