



Empowering Upfront, Broad and Timely Molecular Pathology in Advanced NSCLC




~60%
NSCLC patients with a targetable alteration¹




~64%
Newly diagnosed adv. NSCLC patients fail to receive precision treatment due to clinical care gaps²

PRIME series: PROgress In Molecular Education


Making clinical connections around barriers to guideline-concordant testing




PRIME is a 2024 series of online workshops for community surgical pathologists aimed at improving the integration of predictive biomarker findings into lung cancer diagnosis.







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Optimize Standardize Harmonize Improving access to high-quality outcomes in the adv. NSCLC molecular workflow		
Clinical pearls from our thought leaders to solve for practice gaps and common barriers		
 <p>Tissue collection/liquid biopsy Communicate with your interventionalist</p>	Optimization could identify precision therapy for up to 12.6% more patients ²	<ul style="list-style-type: none">• Agree a molecular-specific tissue journey^{3,4}• Request 3-5 passes with appropriate needle gauge⁵• Communicate vendor requirements on all possible specimens (CNB, FNA, touch preps)^{5,6}• Minimise cold ischemia time (<60 min) and fixation time (6-36h)^{7,8}• Maximal sample thickness 4-5mm⁷
 <p>Tissue handling/stewardship Proactively solve for QNS</p>	Optimization could identify precision therapy for up to 18.3% more patients ²	<ul style="list-style-type: none">• Have a lung-specific SOP in place for cutting small biopsy specimens⁹• Split specimens into separate blocks, with multiple unstained slides cut and stored upfront^{3,10}• Indicate distribution of tumor in the block with slides ready for testing¹⁰• Use every cut in the shallow-facing tissue block to reduce tissue loss³
 <p>Optimized Diagnosis, Staging & Ordering Follow up on delays and run IHC judiciously</p>	Optimization could identify precision therapy for up to 15.8% more patients ²	<ul style="list-style-type: none">• Expedite staging: automate reports or leverage prompts in the EMR^{11,12}• Agree with MDT on limited IHC menu^{6,13,14}• Use a dedicated vendor for molecular send-outs to streamline ordering¹⁰• Discuss QNS or negative results with MDT and troubleshoot as needed: liquid or repeat biopsy, alternative specimens, hotspot panels/SGT, RNA NGS^{5,6,10,15}
 <p>Optimized Communication & Reporting Prioritize integrated and co-ordinated care</p>	Optimization could identify precision therapy for up to 15.2% more patients	<ul style="list-style-type: none">• Participate in open discussions as part of the thoracic MDT/MTB^{4,10}• Ensure that molecular results are integrated with histopathology¹⁰• Perform local auditing/ process mapping as a team¹⁰• Gain consensus around standardization of genomic reports¹⁰

Adv., advanced; CNB, core needle biopsy; EMR, electronic medical record; IHC, immunohistochemistry; FNA, fine needle aspiration; MDT, multidisciplinary team; MTB, molecular tumor board; NGS, next-generation sequencing; NSCLC, non-small cell lung cancer; QNS, quantity not sufficient; SGT, single gene test; SOP, standard operating protocol

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