

NHMA PRESENTS

ZOOM WEBINAR - SESSION 2

Biomarker Testing: Improving Access to Improve Care

Moderator



**Elena Rios, MD,
MSPH, MACP**
President and CEO
*National Hispanic
Medical Association*



Speaker

Narjust Florez, MD

Associate Director
Cancer Care Equity Program

Thoracic Medical Oncologist
Dana-Farber Cancer Institute/Harvard Cancer Center

Faculty Member
Harvard Medical School

Dr. Florez is board certified in internal medicine. Her clinical interests include targeted therapy for lung cancer and the care of women with lung cancer, including their unique aspects of cancer survivorship.



July 21st, 2022

12-1:00 p.m ET



Welcome



Elena Rios, MD, MSPH, MACP

President & CEO

National Hispanic Medical Association

Housekeeping

- All participant microphones will be muted, but please feel free to use the raised hand feature to be unmuted to ask a question or type your question into the Q & A box for the panelists to address during our Q & A session at the end.
- The recording will be housed on NHMAmd.org and our YouTube channel.
- The recording and slides will be sent out one week after the event.

Agenda & Learning Objectives

Agenda

- Overview of Biomarker Testing presentation – Dr. Narjust Florez, MD
- Legislative Discussion – Devon Adams, RN, MPH
- Roundtable Discussion with speakers and Juanita Segura
- Q & A from Audience

Learning Objectives

- To educate health advocates about biomarker testing among Hispanics with cancer.
- To discuss policies that are potential Illinois State solutions to barriers of biomarker testing

Overview of Biomarker Testing

Narjust Florez (Duma), MD
Associate Director, Cancer Care Equity Program
Thoracic Oncologist, Lowe Center For Thoracic Oncology
Dana-Farber Cancer Institute
Harvard Medical School
Associate Editor, *JAMA Oncology*

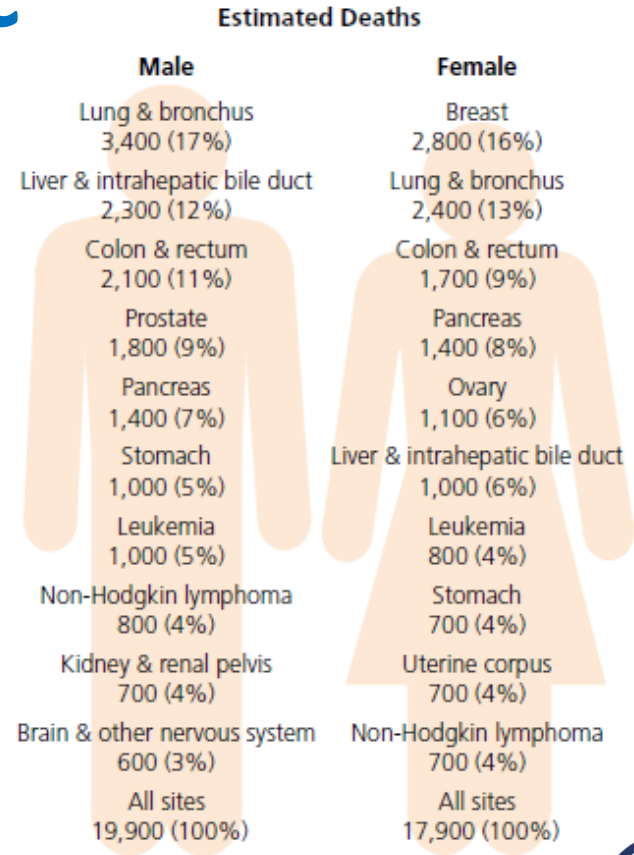


Latinx Cancer Care: It's Time for Action!



Cancer in Latinx/Hispanic

- Cancer is the leading cause of death among Latinos, accounting for 22% of deaths
- Utilization of palliative care – 2.2% received referral to palliative care services (presented 2018)



Cancer Health Disparities

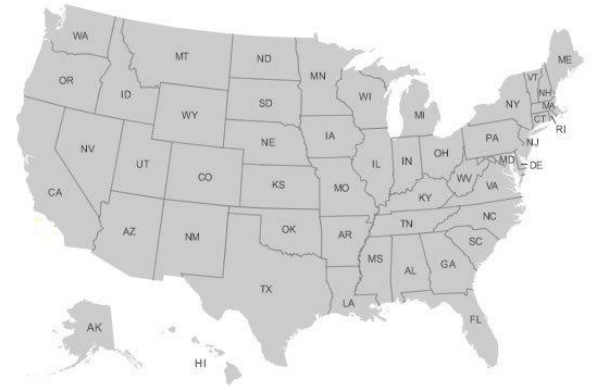
- Adverse differences between certain population groups in cancer measures:
 - Incidence
 - Stage at diagnosis
 - Mortality
 - Survivorship
 - Screening rates
 - Access to clinical trials



And many more...

Heterogeneous group

- Genetic composition
- “All grouped together”
- Geographic distribution in the U.S.



Physician bias: “poor compliance”

“lack of understanding” – Language Barrier?



Dana-Farber
Cancer Institute



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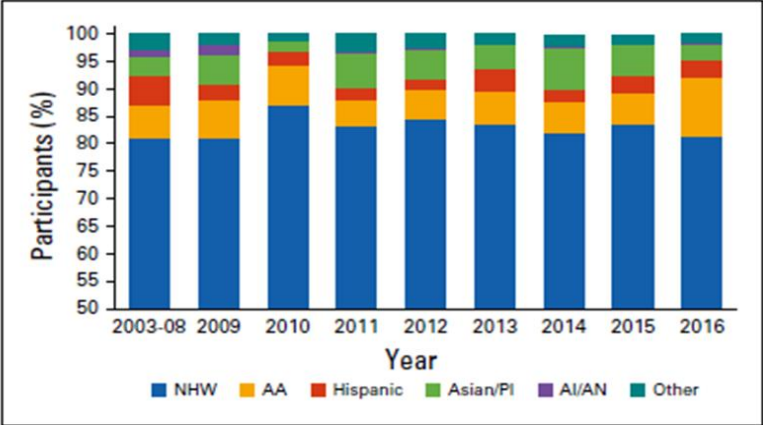


Florez Lab

Representation in Clinical Trials

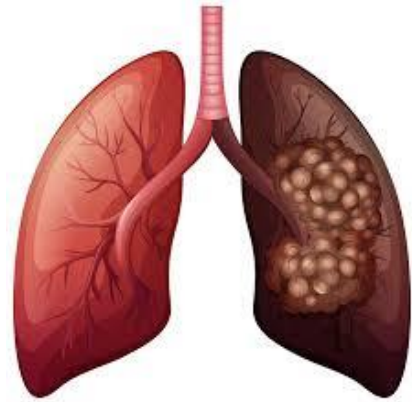
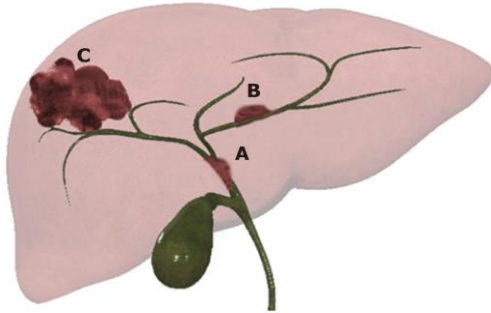
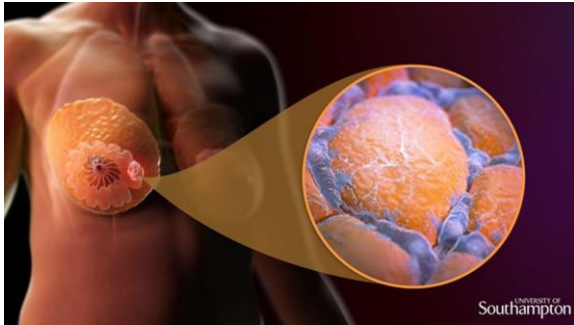
- Decline in the recruitment of minorities, women and the elderly in the past 14 years
- Life-changing treatments

Racial/Ethnic Group	No. of Trial Enrollees		2013 Cancer Prevalence	EF
	No.	%	%	%
All cancers				
Non-Hispanic white	46,431	83.4	79.0	1.2
African American	3,270	6.0	10.0	0.7
Hispanic	1,484	2.6	7.0	0.4
Asian/Pacific Islander	2,982	5.3	3.3	1.9
American Indian/Alaskan Native	190	0.3	0.3	1.3
Other	1,332	2.4		



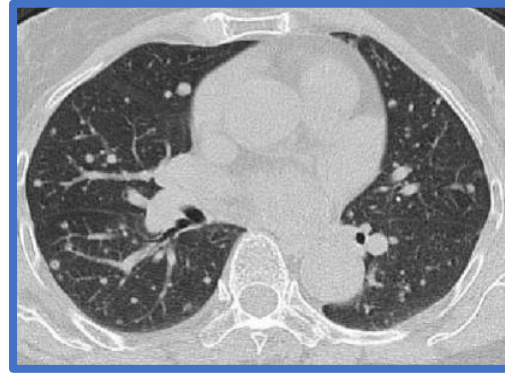
Duma et al. Journal of Oncology Practice (2018)

What is Biomarker Testing



Patient Case

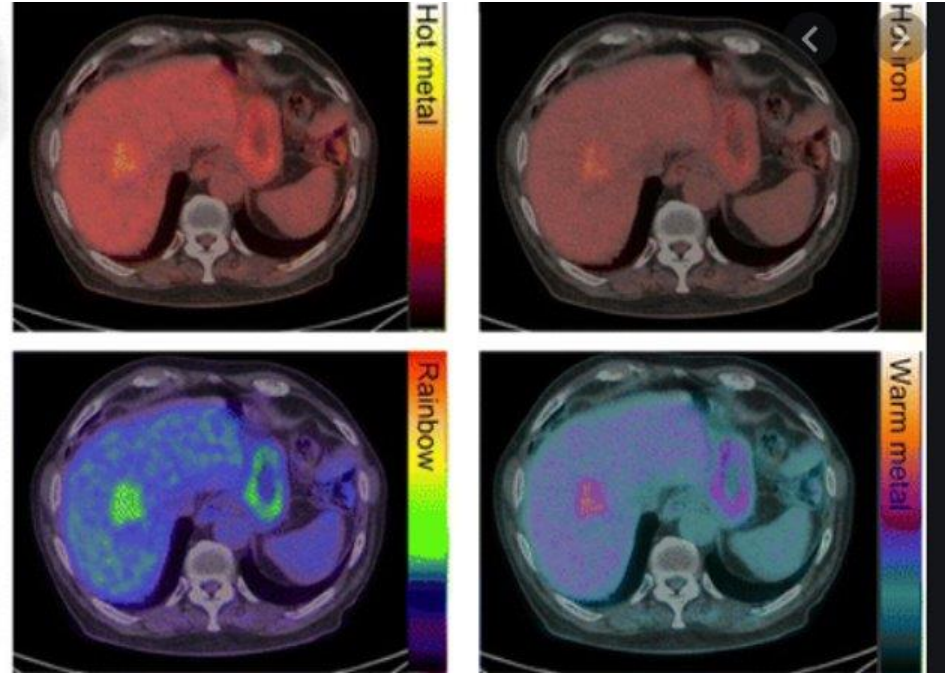
- Age 44, non-Hispanic White female, software engineer
- Married with 2 healthy children
- Never smoker, but some distant secondhand smoke exposure while growing up



CT scan demonstrated: 40-mm lesion in the upper lobe of the left lung and multiple bilateral small nodules in the entire lung field

Patient Case

- PET scan: confirmed primary lung mass and multiple pulmonary nodules
- 1 liver lesion was identified
- Final staging: T4N1M1c stage IVB lung adenocarcinoma



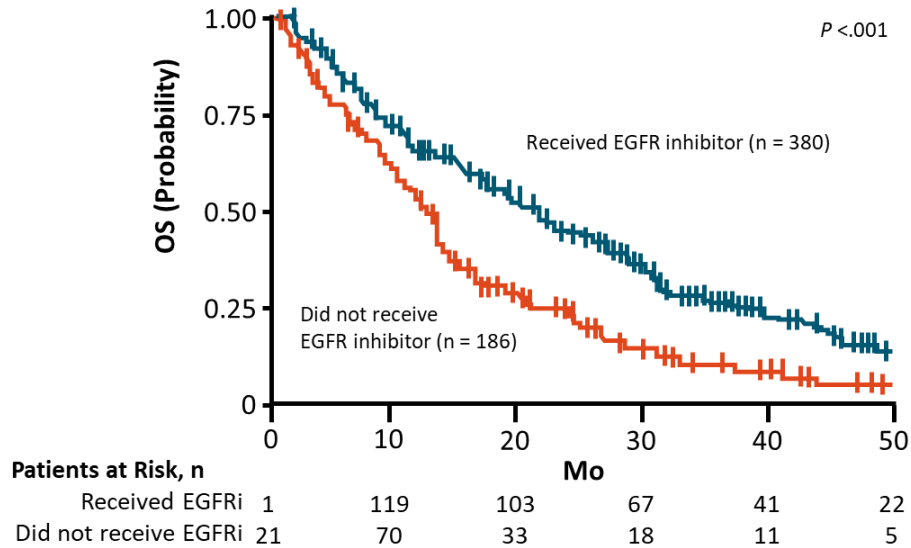
Patient Case

- Bronchoscopy-guided biopsy of 1 of the lung nodules revealed mucous adenocarcinoma (TTF positive) with micropapillary involvement, **PD-L1 TPS 90%**



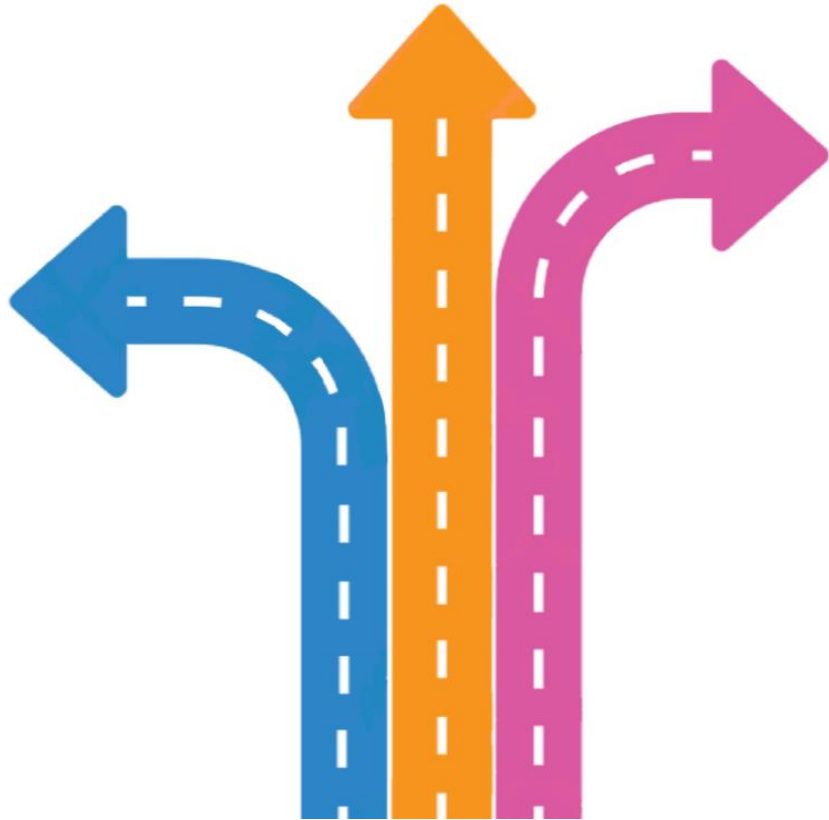
Patient Case

- *EGFR* E746_T751 (exon 19 deletion)
- *MYC* amplification



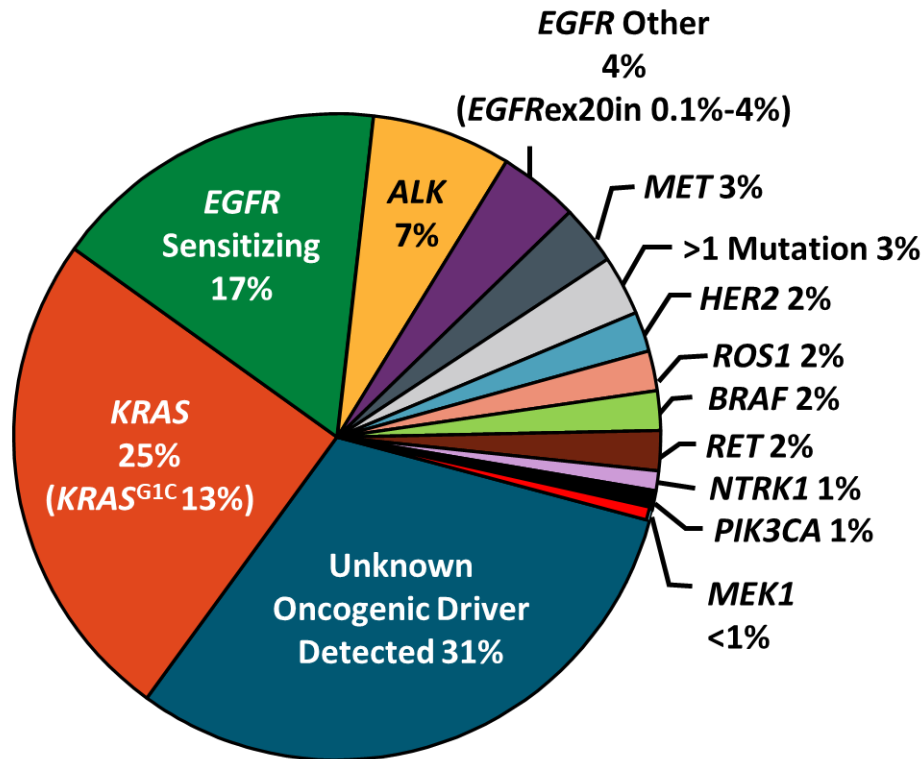
Quality of Life Matters!

What If We Had Taken an Alternative Pathway?



- 42-yr-old female, remote smoking in college, runner, associate professor of economics
- Diagnosed with lung cancer
- Started on carboplatin, pemetrexed, and pembrolizumab
- Second opinion
- ALK positive
- Outcome?

~50% of Patients With Advanced Nonsquamous NSCLC Have an Actionable Driver Mutation



Li. JCO. 2013;31:1039. Tsao. JTO. 2016;11:613.

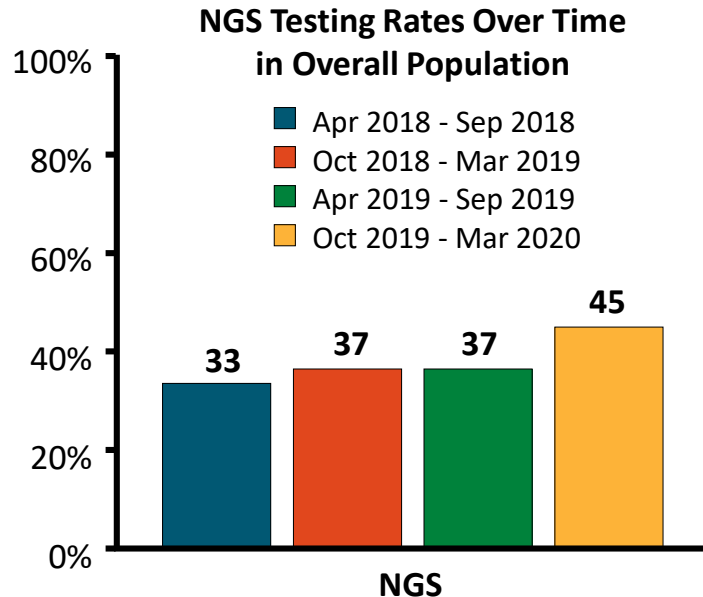
Burnett. PLoS One. 2021;16:e0247620. Nassar. NEJM. 2021;384:185.



Slide credit: clinicaloptions.com

How Are We Doing With Recommended Testing?

- MYLUNG Consortium Study of Biomarker Testing in Metastatic NSCLC
 - N = 3474 patients in US Oncology Network (2018-2020); adenocarcinoma: 75%



Biomarker, %	Overall (N = 3474)	Nonsquamous (n = 2820)
<i>EGFR</i>	70	76
<i>ALK</i>	70	76
<i>ROS1</i>	68	73
<i>BRAF</i>	55	59
PD-L1	83	83
Any of the 5 biomarkers	90	91
All 5 biomarkers	46	49
NGS	37	39

Racial disparities in biomarker testing and clinical trial enrollment in NSCLC

Biomarker Testing

All patients with NSCLC				
	NSCLC overall N=14,768	White N=9,793	Black/AA N=1,288	P-value, White vs Black/AA
Ever tested	11,297 (76.5%)	7477 (76.4%)	948 (73.6%)	0.03
Tested prior to first line therapy		6,064 (61.9%)	784 (60.9%)	0.47
Ever NGS tested	7,185 (48.7%)	4,904 (50.1%)	513 (39.8%)	<0.0001
NGS tested prior to first line therapy		3,081 (31.5%)	332 (25.8%)	<0.0001
Patients with non-squamous NSCLC				
	Non-squamous N=10,333	White N=6,705	Black/AA N=922	P-value, White vs Black/AA
Ever tested	8,786 (85.0%)	5,699 (85.0%)	764 (82.9%)	0.09
Tested prior to first line therapy		4,881 (72.8%)	662 (71.8%)	0.52
Ever NGS tested	5,494 (53.2%)	3,668 (54.7%)	404 (43.8%)	<0.0001
NGS tested prior to first line therapy		2,452 (36.6%)	274 (29.7%)	<0.0001

AA = African American; NGS = next-generation sequencing



**Biomarker
Testing**



**Clinical Trials
Participation**



A red octagonal stop sign with a white border is mounted on a silver pole. The sign features the word "STOP" in large, bold, white capital letters at the top. Below it, the phrase "Whose Responsibility" is written in a smaller, bold, white serif font, and "Is This??" is written in a similar font at the bottom. The sign is set against a bright blue sky with scattered white clouds. The background is framed by black vertical bars on the left and right sides.

STOP

Whose Responsibility

Is This??

In the era of well-tolerated targeted treatments, resistance inevitably occurs and overcoming this is a challenge



Dana-Farber
Cancer Institute

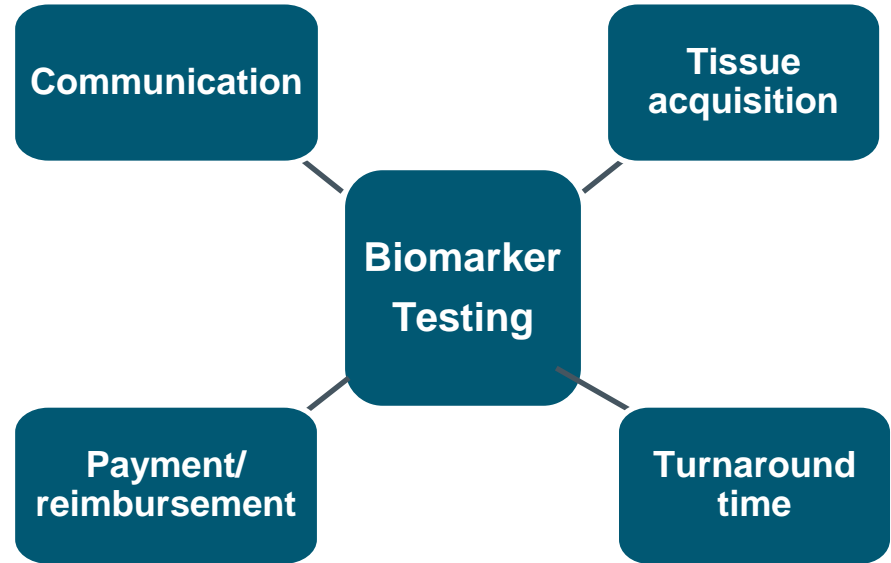


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Barriers to Universal Biomarker Testing

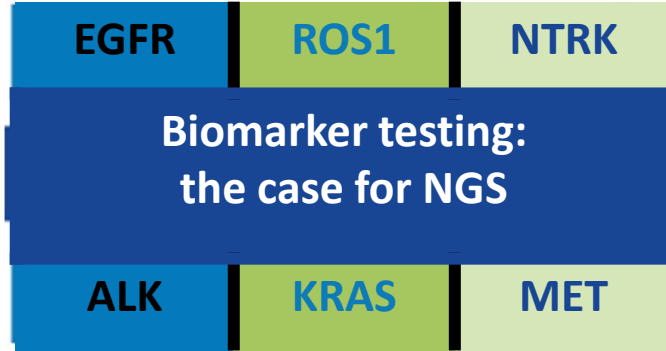
- Not enough tissue in small biopsies—up to 25% lack sufficient tumor
- Turnaround time not fast enough—recommended <14 calendar/10 working days from biopsy
- Poor communication—lack of reflex testing, differing sites for biopsy and treatment
- Who pays?



Biomarker Testing in NSCLC: What Are The Solutions?



MARIA PLATT - EVANS / PHOTO RESEARCHERS,INC



Q & A



Legislative and Advocacy Overview

Biomarker Testing

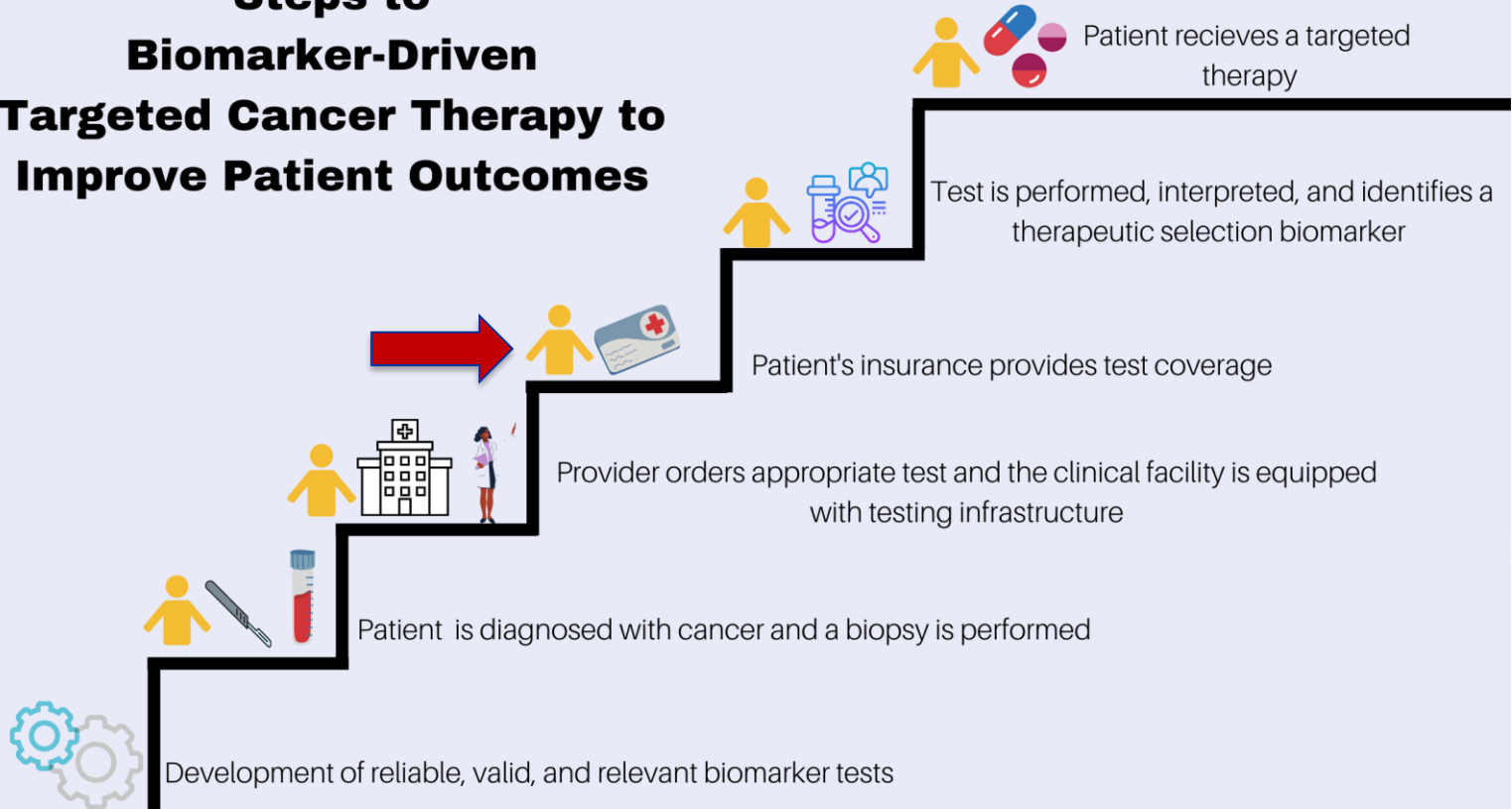
Devon Adams, RN, MPH

*Senior Analyst, Policy & Legislative Support – Emerging Science
American Cancer Society Cancer Action Network*



Barriers to Cancer Biomarker Testing

Steps to Biomarker-Driven Targeted Cancer Therapy to Improve Patient Outcomes

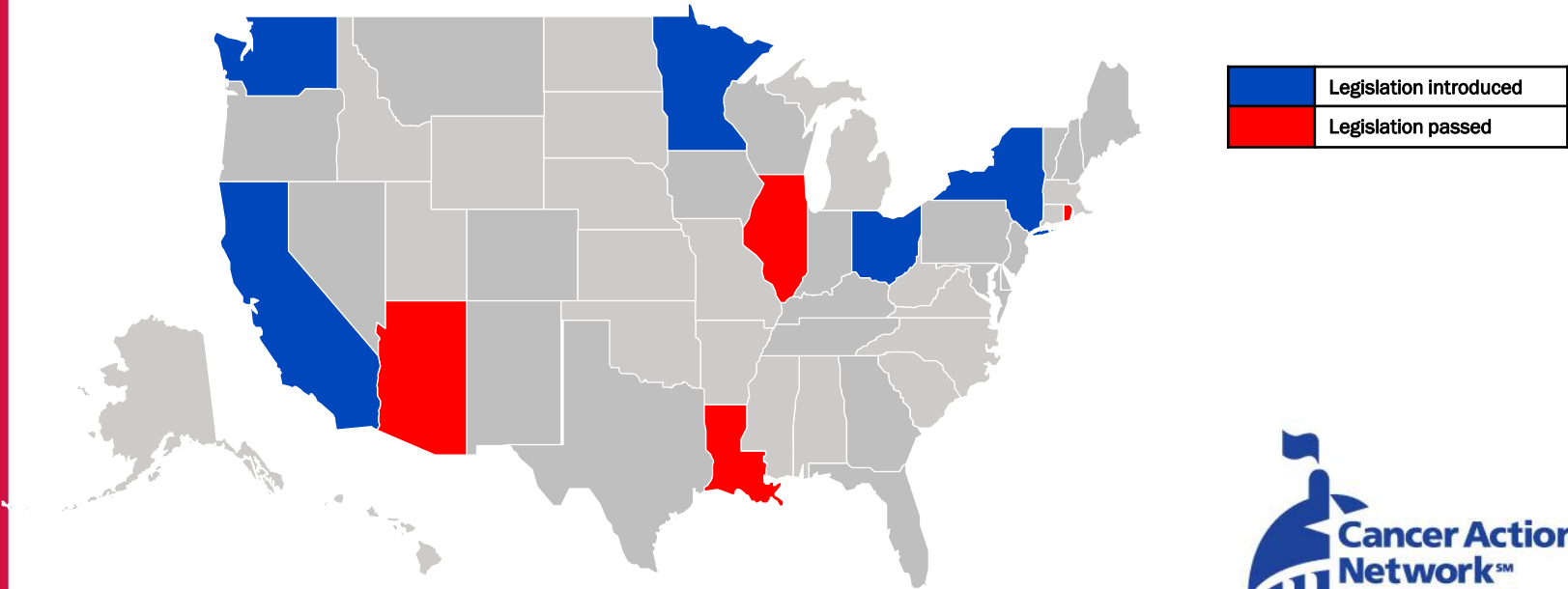


Legislation to Address Coverage

Biomarker testing must be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when the test is supported by medical and scientific evidence, including, but not limited to:

- 1. Labeled indications for an FDA-approved or -cleared test or indicated tests for an FDA-approved drug;*
- 2. Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations and Medicare Administrative Contractor (MAC) Local Coverage Determinations; or*
- 3. Nationally recognized clinical practice guidelines and consensus statements.*

Legislation to Expand Access to Biomarker Testing



Legislation introduced: CA, MN, NY, OH, WA

Legislation passed: AZ, IL, LA, RI



fightcancer.org/biomarkers





Roundtable Discussion



Audience Q & A

NHMA Updates



- **NHMA Congressional Briefing: Achieving Health Equity for Hispanic Populations: Lessons Learned - COVID-19 and Severe Asthma – July 27, 1-2 PM ET**
 - Register at bit.ly/AsthmaBriefing
- **COVID-19 Virtual Briefing Session 17, 7-8:15 PM ET – August 31, 2022**
 - Register at bit.ly/NHMASurgeonGeneral
- **NHMA 26th Annual Conference:** Chicago, IL – April 27 – April 30th, 2023: Hyatt Regency Chicago
- Call for speaker abstracts on nhmamd.org
- **NHMA VaccinateForAll Campaign**
 - New websites launched – HispanicHealth.info & Vaccinateforall.org
 - Register for FREE to join over 200+ individuals and organizations the champions today!



If you have any questions about our programs or events, please email vgearity@nhmamd.org.

Thank You



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