Diaceutics

Better Testing, Better Treatment®

Practice Gaps Webinar 2

15th March 2023

Q&A

Question 1

I am assuming that you are not counting an H&E as a biomarker test. I would expect every patient with a solid tumor biopsy would have H&E for diagnosis.

Correct, H&E is not counted here.

Susanne Munksted

Question 2

Do you think it's got any better since 2019?

I would say it dropped a little bit during COVID because the focus was not really on testing, but it is regaining its momentum. I would say from what we're seeing that it's slowly getting better, but it's not really at the pace that we would like things to change for the future.

Helen Sadik

Question 3

How is data gathered? And what are the implications for patient privacy?

For this study, we only used the medical data that we have in in our database, we do have other data sources, but we decided to just focus on the medical data for this study and our data is completely anonymized to ensure we don't see any part of the patient's identity.

Helen Sadik

Question 4

What do you think the impact to overcome gap 4 would be of automated or reflexive biomarker test ordering for appropriate cases of aNSCLC? How can we bring forward a standard policy of reflex testing?

I think moving towards both reflexive testing and also early testing at least in the biomarkers that are seen to not easily move status over time. Getting biomarker testing done early in the patient journey so that we have a better foundation for making decisions, but also save on valuable tissue is definitely a way forward.

Susanne Munksted

I second that, as much as the practice testing is important, I think we need to think about not just saving on the tissue, but saving on the time. Because everytime you do reflective the testing it might take few weeks until you get the result and in some cancer situations you don't have that precious time to wait. So it's more important to have it as early possible, I know liquid biopsy is sometimes faster than solid biopsy and that could be something to also encourage moving forward. But in some cases, it would make more sense to have more broad testing from the start, instead of doing sequential or reflective testing.

Helen Sadik

Question 5

In this study we looked at non small cell lung cancer and a subsegment of those patients newly diagnosed. We know that in this area there are multiple drugs available and there are multiple biomarkers, but even so, there are a vast number of novel biomarkers in pipeline novel drugs in clinical trials. Do you expect over the coming years that this area will only expand? And if you think about this earlier phase of the patient journey and the steps you have addressed today, in your opinion, how do you see that influx of new biomarkers and drugs affecting this end of the journey.

I would say it's going even be more complicated and potentially more challenging, for example, with lung cancer we already have a lot of approved biomarkers in this indication and if more biomarkers are added this will be challenging given that we only get a small biopsy usually and it's a precious sample.

In this case, we need to shift the focus from testing those samples with just a single biomarker, because that's not going to be possible if you want to test for all these biomarkers, and make sure that we have insightful knowledge about what could be the next best action for the patients. We will need to shift the focus to maybe potentially the next testing tool.

Having a broad idea about all the biomarkers that are relevant for the patient is one thing. The other thing is also ordering the test. As you can imagine, the more complex information you're adding for the physician to keep up-to-date with, sometimes it can be hard for them to keep track and especially if they don't have support from a tumor board.

In this case, it's going be important to deliver more education, increase awareness and engagment overall, think about new ways to keep them up-to-date or alert them about what's happening to ensure that if they see a patient that has a certain type of action biomarker, then they know to think about XYZ potential therapies as potential options.

Helen Sadik

For more information on **Practice Gaps Webinar 2 please get in contact at :**

marketing@diaceutics.com

To watch the webinar please follow the link below :

Watch the Webinar **here**