



## Testing and Early Diagnosis

### Efficiency and Effectiveness of Cancer Care

**Dr. Devika Das - Medical Oncologist, Hematologist, UAB Medicine, Clinical Assistant Professor, University of Alabama Birmingham**

#### Efficiency : Need full staging of disease

Once you have a diagnosis of cancer, one of the questions that comes up first is we need full stage of the disease. Is the lung cancer restricted to the lungs or has it spread beyond? So some of the tests the doctor might do is a CT scan, which basically looks at everything neck and below to make sure there is no cancer in other parts of the body; and a PET scan is often done as well. A PET scan often tells us that the spots we see on the CT scan are these fast-growing tumours. It helps confirm what we see on a CT scan. An MRI of the brain is done to complete the staging because a lot of patients with lung cancer also have the disease migrate to the brain. It's helpful when you go see a doctor to ask if there is a coordinator or a navigator available for new patients, because having somebody as a point-person in the clinic is very helpful when you're trying to get all of these tests scheduled. You know, it's best if you can try to get them done the same day to make sure it works around all the other schedules and life things that are happening. So, having a high quality centre, or a high volume centre, that has coordinators or navigators available for care can really help make this process efficient to give you the stage of the disease as soon as possible.

#### Effectiveness of care

This is something that is coming up a lot in discussions if you are somebody that listens to the scientific meetings, like ASCO. Lung cancer is not one disease anymore. A lot of the cancer care that we provide is now very personalised; which means that no two people with lung cancer have cancer that behaves exactly the same way. You can have lung cancers that have different kinds of genomic alterations — the tumour has different kinds of genomic alteration; which means that information can potentially be used to direct specific therapies to you, which might be different to somebody else with lung cancer. It's a good question to ask — to ask a medical oncologist or your surgeon — if all the testing, if all the genomic testing, that has been approved, has been done on the tumour so that that information is available.

There was data presented at American Society of Clinical Oncology meeting in 2021 that only about 46% of all eligible patients got full molecular testing panel. What does that mean? That means that over 50% of patients were getting care it's incomplete information. So we know they have cancer, we know they have lung cancer but we don't know all the information that is necessary to treat them, because that would alter the path of care — that would alter the treatments, that would alter the medications that we take. So this is critical that we have effective care and that is something that needs to be discussed with the care team at the visits.

#### Access to clinical trials

Now this is again a question that a lot of patients and family members don't ask at their first few visits with their oncologists or with their surgeons. Often the thought process is a clinical trial is something that I do only after I have exhausted all my available treatment options. That's not the case anymore. Clinical trials are something that could be offered upfront. You could have access to a very



high quality clinical trial right at diagnosis, and it's something that should be available to you for discussion even if it's by a second opinion. It's not something we do anymore as a last option. Sometimes a clinical trial might be the best option for somebody with a new diagnosis of lung cancer. So, at least bring that up in the discussion no matter where you get care, if it is in the community or an academic medical centre.