Broad Genetic Testing for NSCLC May Not Improve Survival

WEDNESDAY, Aug. 15, 2018 — Broad-based genomic sequencing does not improve survival compared to routine genetic testing among patients with advanced non-small-cell lung cancer (NSCLC), according to a study published in the Aug. 7 issue of the *Journal of the American Medical Association*.

Carolyn J. Presley, M.D., from The Ohio State University in Columbus, and colleagues compared clinical outcomes between 5,688 patients with advanced NSCLC who received broad-based genomic sequencing and 4,813 patients who received routine testing for *EGFR* mutations and/or *ALK* rearrangements alone.

The researchers found that 4.5 percent of patients who received broad-based genomic sequencing received targeted treatment based on testing results, 9.8 percent received routine *EGFR/ALK*-targeted treatment, and 85.1 percent received no targeted treatment. At 12 months, unadjusted mortality rates were 49.2 percent for patients undergoing broad-based genomic sequencing and 35.9 percent for patients undergoing routine testing. There was no significant association between broad-based genomic sequencing and 12-month mortality, according to the results of an instrumental variable analysis.

“To ensure that new discoveries are able to fulfill their promise, our results suggest further evidence is needed to

inform the care of patients with a variety of specific genetic alterations in their tumors before widely disseminating these new paradigms into clinical practice," a coauthor said in a statement.

Several authors disclosed financial ties to the pharmaceutical industry.

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