EGFR-MUTATED NSCLC: CLINICAL PRACTICE ASSESSMENT AND GAP ANALYSIS

Elaine Hamarstrom, PhD, Tara Herrmann, PhD, Suresh Ramalingam, MD
1. Medscape Education, New York, NY, 2. Emory University, Atlanta, GA

PURPOSE

For patients with adenocarcinoma non-small cell lung cancer (NSCLC), understanding the epidermal growth factor receptor (EGFR) gene can predict susceptibility to EGFR-directed tyrosine kinase inhibitors (TKIs). Consequently, EGFR TKIs are both the first- and second-line therapy for NSCLC and are now considered the standard of care. This study objective was to assess current clinical practices of oncologists and pulmonologists in the management of EGFR-mutated NSCLC across the continuum of care to identify knowledge, competency, practice gaps, and barriers to improving patient care.

METHODS

The needs assessment survey consisted of 25 items based on the current evidence at the time of launch (March 3, 2015) for oncologists and pathologists in the NSCLC setting. The survey was designed to assess current clinical practices of oncologists and pulmonologists in the management of EGFR-mutated NSCLC across the continuum of care to identify knowledge, competency, practice gaps, and barriers to improving patient care.

In total, 834 physicians participated in the study, with the majority (59%) consisting of members of the multidisciplinary NSCLC care team—oncologists, pulmonologists, and pathologists. Practice settings included primarily private practices; however, a majority were evenly divided among academic (49%) and community (51%) settings. The majority of pulmonologists were between 16 and 25 years of age and had been in practice for a median of 10 years per week. The results obtained demonstrated significant gaps in knowledge, confidence, and performance in the management of EGFR-directed advanced NSCLC.

KNOWLEDGE GAPS

- Varies from 40% to 46% of the NSCLC multidisciplinary care team were unable to correctly identify the International Association for the Study of Lung Cancer (IASLC) guideline recommendations on molecular profiling in advanced NSCLC (Figure 1A).
- Varies from 47% to 58% of the NSCLC multidisciplinary care team could not correctly identify the efficacy of approved first-line EGFR TKIs (Figure 1B).

GAPS IN CONFIDENCE

- Fifty-seven percent of oncologists and less than a third of pulmonologists and pathologists were confident in their ability to recognize resistance to treatment based on tumor and patient characteristics (Figure 2A).
- The share of the NSCLC multidisciplinary care team was very confident in other understanding of several clinical facts as calculating cell-free DNA (Figure 2B).

GAPS IN PERFORMANCE

- Between 45% and 57% of the NSCLC multidisciplinary care team did not select the most appropriate regimen for a patient with newly diagnosed EGFR-mutated advanced NSCLC (Figure 3).
- Less than 50% of the NSCLC multidisciplinary care team correctly identified that they always test to determine the mechanism of resistance to first-line therapy (Figure 4).

RESULTS

- The needs assessment survey consisted of 25 items based on the current evidence at the time of launch (March 3, 2015) for oncologists and pathologists in the NSCLC setting. The survey was designed to assess current clinical practices of oncologists and pulmonologists in the management of EGFR-mutated NSCLC across the continuum of care to identify knowledge, competency, practice gaps, and barriers to improving patient care.

REFERENCES

For more information contact Tara Herrmann, PhD, Director, Educational Strategy, Medscape Education, tara.herrmann@medscape.com.