

5.05 First Time Adequacy Rates of Lung Cancer Molecular and PD-L1 Testing at a Tertiary Teaching Hospital

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Background: Integrating targeted cancer therapies for the management of lung cancer and pleural malignancies is particularly relevant. Repeat procedures for the determination of lung cancer molecular profiles are common and use significant resources. Understanding the first time adequacy rates for the various diagnostic modalities employed will help guide clinical decision making for lung cancer diagnostic approaches, permitting earlier targeted therapy for patients diagnosed with lung cancer.

Methods: We conducted a one-month point prevalence audit of the positivity rate of the initial assessment of molecular biomarkers, including PD-L1 expression and genetic rearrangements, at a national centre of excellence for rapid access lung cancer diagnosis in Beaumont Hospital. **Results:** A total of 77 lung cancer cases were identified during the one-month assessment period. 62 underwent a procedure for diagnosis, bronchoscopic procedures were utilised in 43% of cases, 43% underwent CT-guided biopsy, and 14% via surgical biopsy. The overall positivity rate for first-time biomarker testing in eligible cases (excluding benign tissue) was 62.50%. The mean number of endobronchial passes required to achieve this positivity rate was 4, while the mean number of CT-guided or surgical biopsy cores needed was 3.625.

Conflict of Interest: The authors declare that they have no conflict of interest