

# MCC 17949: Understanding and Promoting Best Practice in Molecular Testing for NSCLC Patients in Florida

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# Timeline - I

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- Dr Chiappori became the PI in April 2014 (1 year delay)
- Data abstraction manual prepared and reviewed in June 2014. Approved in August 2014. Electronic version completed and approved in January 2015.
- SRC submission in August 2014. Approval in September 2014
- IRB approval in October 2014
- Initial Moffitt list obtained in December 2014. Final list with 99 patients completed in May 2015
- MON site selection completed in January 2015
  - Only one site did eventually participate

## Timeline - 2

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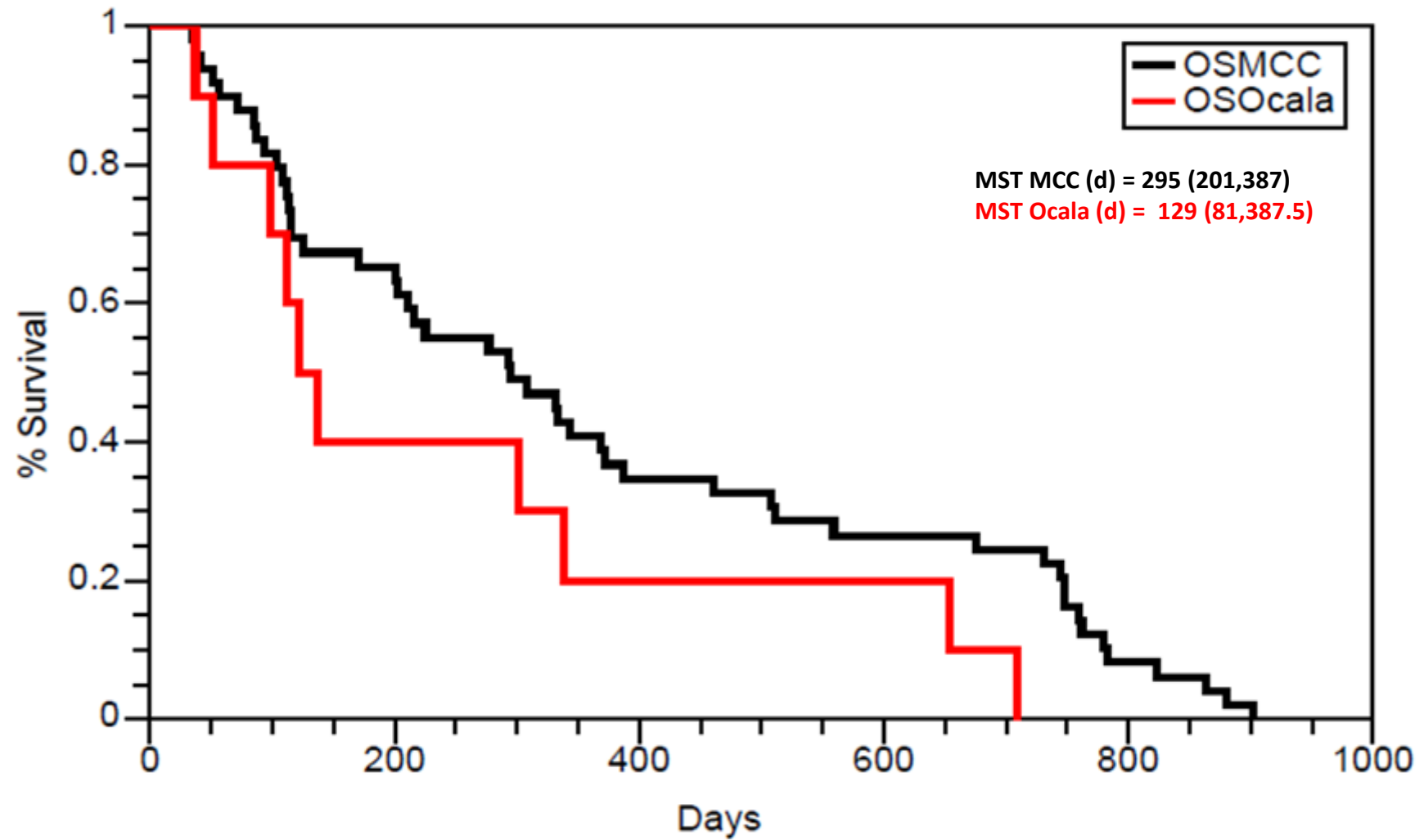
- Initial list from Ocala Oncology obtained in June 2105
- Site training for data abstraction in July 2015
- Data entry on online abstraction form in August 2015; 50 patients at Moffitt Cancer Center and 10 patients at Ocala Oncology

# Data Chart

		Moffitt n (%)	Ocala n (%)	Total n (%)
		50	10	60
<b>Insurance status</b>				
	Private	15	3	18 (30.0)
	Medicare	33	7	40 (66.7)
	Charity	2	0	2 (3.3)
<b>Age</b>				
	> 50	3	0	3 (5.0)
	51-70	30	6	36 (60.0)
	> 70	17	4	21 (35.0)
<b>Sex</b>				
	Male	28	7	35 (58.3)
	Female	22	3	25 (41.7)
<b>Race</b>				
	Asian	2	0	2 (3.3)
	Native Am./Haw.	1	0	1 (1.7)
	Black	2	1	3 (5.0)
	White	44	8	52 (86.7)
	Hispanic	1	0	1 (1.7)
	NR	0	1	1 (1.7)
<b>Marital Status</b>				
	Single	8	0	8 (13.3)
	Married	39	8	47 (78.3)
	Widowed	3	0	3 (5.0)
	Divorced	0	1	1 (1.7)
	UKN	0	1	1 (1.7)
<b>Smoking history</b>				
	Current	12	1	13 (22.0)
	Former	31	8	39 (65.0)
	Never	7	1	8 (13.0)

		Moffitt n (%)	Ocala n (%)	Total n (%)
<b>Smoking duration (y)</b>		37 (2-65)	43 (20-63)	
<b>Smoking amount (ppy)</b>		44 (1-164)	81.5 (30-126)	
<b>Histology</b>				
	Adenocarcinoma	36	5	41 (68.0)
	Squamous cell	12	3	15 (25.0)
	Large cell	0	0	0 (0.0)
	NOS	0	1	1 (2.0)
	other	2	1	3 (5.0)
<b>First Bx. MA</b>				35 (38.0)
	Time to MA order	15.5 (0-49)	7 (0-14)	
	Time to MA results B	35 (8-61)	10 (4-16)	
	Time to MA results O	14.5 (3-34)	3 (2-14)	
<b>Second Bx</b>				11
<b>Second Bx MA</b>		7	2	9 (82.0)
	Time to MA order	0 (0-27)	18 (0-36)	
	Time to MA results	12 (0-33)	32.5 (27-38)	
<b>EGFR</b>				
	No. tested	25	3	28
	No. positive	5	0	5
	No. on TKI	5	0	5
	Survival			
<b>ALK</b>				
	No. tested	24	3	27
	No. positive	1	0	1 (3.0)
	No. on TKI	1	0	
	Survival			
<b>Overall Survival</b>		295 (201,387)	129 (81,387.5)	

# Survival Chart



# Observations

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- The distribution of patients in terms of insurance status, age, sex, marital status and stage appeared similar for both cohorts
- There appeared to be more race diversity, more singles, and more adenocarcinomas in the MCC cohort
- The Ocala cohort appeared to include heavier smokers but more former smokers

# Observations

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- Molecular analysis (MA) was more frequently requested in the MCC cohort with the first biopsy
- Frequency of MA was similar for both cohorts with second biopsy (small numbers) but faster ordered at MCC
- Thus, results were obtained faster too
- All genetic alterations were described in the MCC cohort (small numbers)

# Conclusions

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- Initial administrative delays precluded proper conduction of study
- Only one MON site was able to participate
- Small sample size precludes arriving to valid conclusions
- Observations suggest areas where education and collaboration may be beneficial for improvement