



Réseau de
cancérologie
Rossy

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Cancer
Network

Lung Disease Site

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Vision of the Co-Leads

- **OUR VISION** is to create a collaborative group that will:
 - **Standardize diagnostic procedures** across the Rossy Cancer Network: reflex testing, NGS
 - **Optimize lung treatment trajectory**
 - **Maintain common clinical and biobanking database** across the 3 sites
 - Hold RCN research meetings to **improve the engagement of colleagues and the success of projects**
 - **Establish Montreal-wide clinical research consortium** to improve clinical trial awareness, reduce duplication of trials and enhance accrual
 - **Institute a basic research consortium** to improve basic science collaboration across the island of Montreal



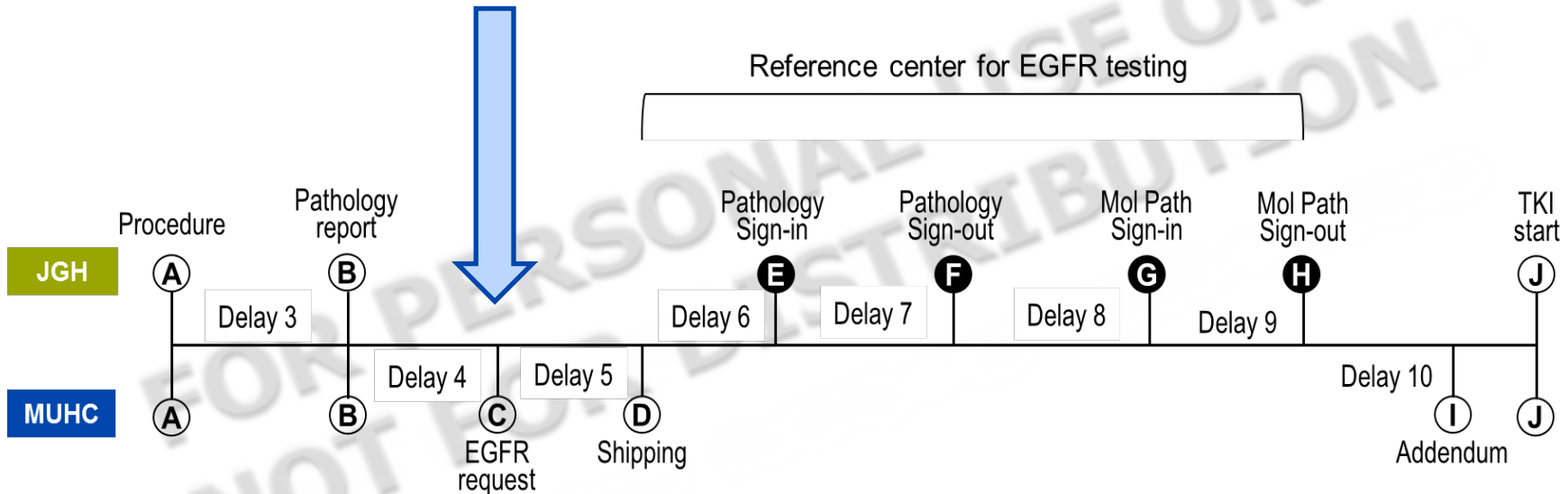
Outline

- **EGFR reflex testing:** reducing EGFR molecular sign-off turnaround time.
- Evaluating the lung cancer patient trajectory: measuring **surgical delays and start of adjuvant chemotherapy.**



Indicator: EGFR molecular sign-off turnaround time

IMPROVEMENT: In March 2017, **reflex testing for EGFR was implemented** at the MUHC for all specimens from patients with advance stage NSCLC (non-squamous histology), and for all biopsy specimens with eligible histology.



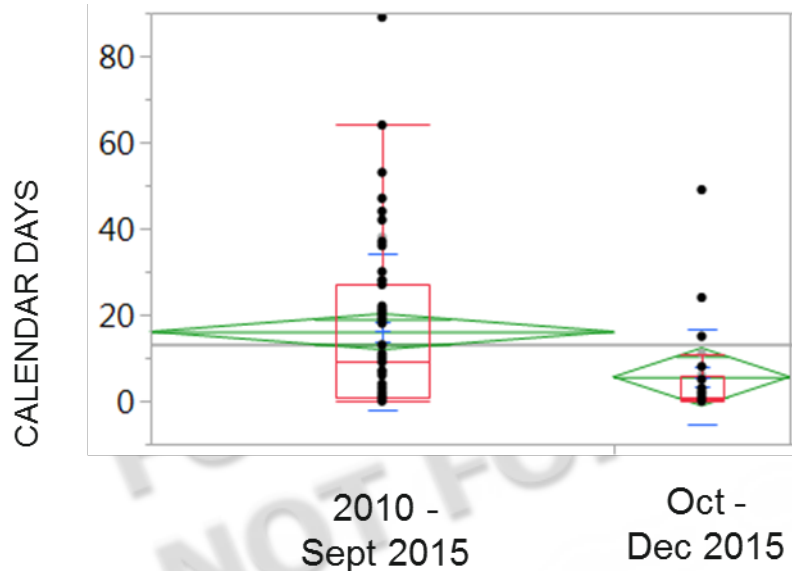
JGH: N=88; Mean=34 days (IQR 24-41)

MUHC: N=87; Mean=42 days (IQR 28-53)



Acting on indicator results → Implementation of EGFR reflex testing

Working out the details of implementation:



N	63	24
Mean (days)	16	5.6

- In September 2015, Dr. Sophie Camilleri began pathologist-led request for EGFR testing for cases where advanced stage is suspected. As a result, the time between a patient's pathology report and request for EGFR testing was reduced from 16 to **5.6 days** ($p < 0.05$).
- However, identifying stage 4 disease through a specimen sample is **not always possible**.
- Therefore, the lung group proposed to **implement reflex testing for all biopsies**, as these are more likely to represent advanced disease.

Please visit poster #7 for additional details

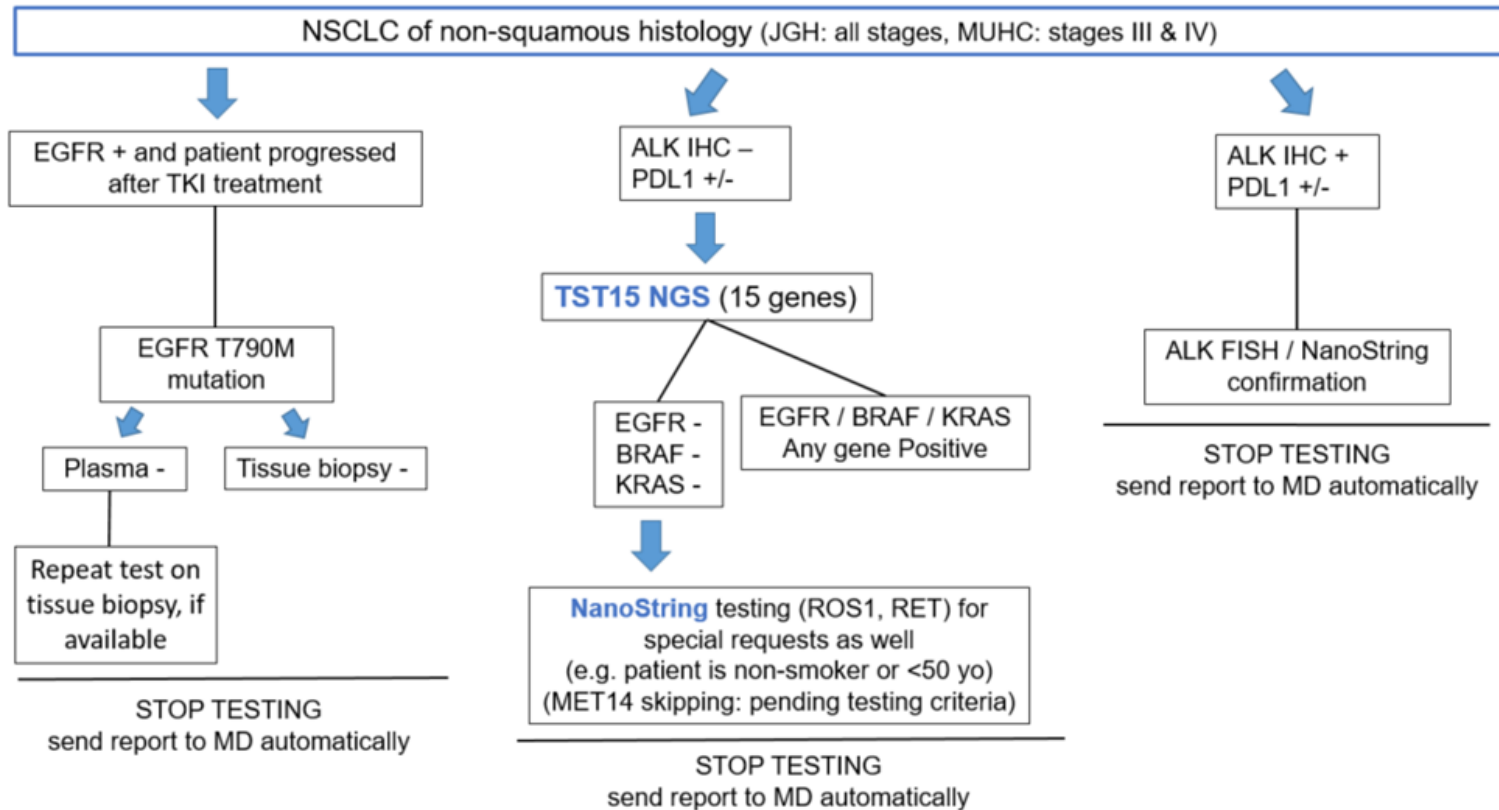


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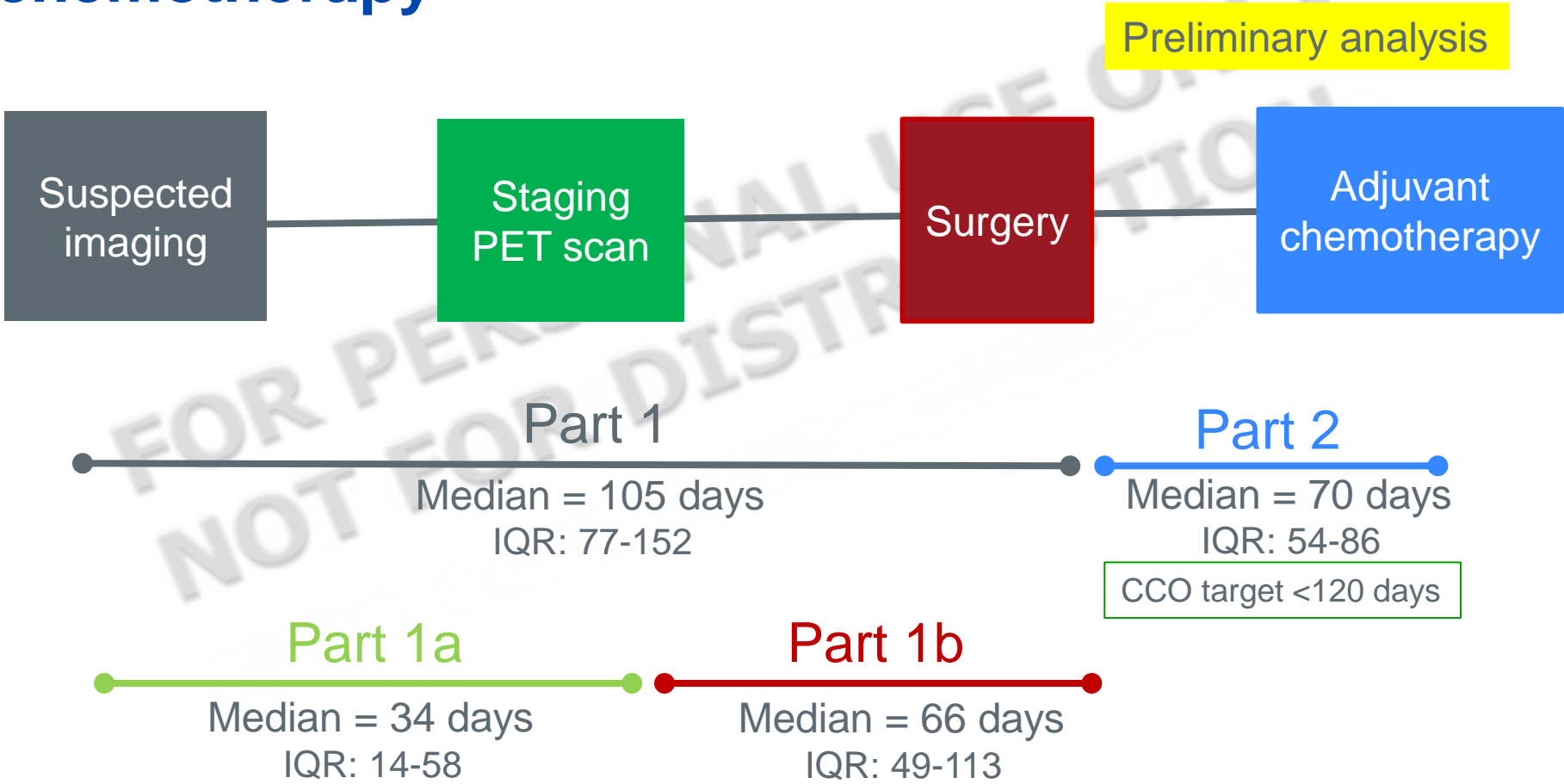
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Acting on indicator results → Implementation of EGFR reflex testing

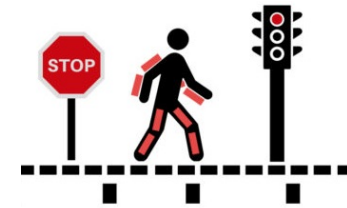
Additionally, an **algorithm for molecular testing** was developed with Drs Hangjun Wang, Sophie Camilleri and George Chong.



Indicator: Evaluating the patient trajectory from diagnosis to surgery and start of adjuvant chemotherapy



Working through the challenges



- **IT challenges:**
 - Risk of Optilab affecting improved processes for reflex testing
 - Disconnected IT systems across hospital sites making it difficult to share report results
- **Data collection challenges:**
 - Difficulty collecting similar information from the 3 sites
 - Labor intensive process to obtain specific data intervals for re-evaluation of indicator (e.g. EGFR request date, date when the report is available on Oacis, TKI start date)
- **Identity of this disease site challenges:**
 - Addressing the needs of the different hospital partners (SMHC/JGH/MUHC)
- **Choosing target and benchmark challenges:**
 - Should target differ for patients within McGill network vs from outside? (ex. Gatineau)
 - Patients have varied sequence of events (watchful waiting, repeat CTs, inconclusive results/biopsies)
- **Multidisciplinary follow-up challenges**



Moving forward...

- **Continue working on standardizing the diagnostic procedures** across the Rossy Cancer Network: **i.e.** reflex testing and NGS
- **To optimize lung treatment trajectory and improve surgical delays:** Raise significant funds to hire a clinical care coordinator who will track the trajectory of lung cancer patients in a database and who ensure that their exams are done in a timely manner
- Meetings and discussions with CHUM have already started to create the **Montreal-wide clinical research consortium**
- Work on instituting the **basic research consortium** across the island of Montreal





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Thank you!



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