

## STUDY AIM

Somatic genetic testing in non-squamous, non-small cell lung carcinoma (NSCLC) patients is required to highlight subgroups eligible for a number of novel oncological therapies. This study aims to determine whether turnaround times for reporting epidermal growth factor receptors (EGFR) by next-generation sequencing (NGS) alone is sufficient to meet the needs of lung cancer patients.

## STUDY DESIGN

A retrospective case series with follow-up was performed. Outcomes of EGFR testing (102 tests) in 96 patients by NGS were compared with a rapid, fully automated PCR-based platform (Idylla™) in local histopathology laboratories.

## RESULTS

### TURNAROUND TIME FROM REQUEST TO REPORT



### CLINICAL IMPACT



**6%** of the patient group were **dead before the NGS report** was available

**18%** of patients experienced **rapid clinical deterioration**

**3** of these patients had an actionable variant in EGFR that **could have been treated with TKIs**, if the NGS report would have been available

### ANALYTICAL DATA



**96.4%** agreement between NGS and Idylla™

**10%** failure rate on NGS

**82%** of failed NGS samples **rescued by Idylla™**

**5** times **less tissue used by Idylla™** compared to NGS in the NSCLC diagnostic workflow

### The right test at the right time to improve patient care and survival outcome.

“We discussed issues around integrating rapid PCR testing alongside NGS in multidisciplinary care pathways and strategies for mitigating against foreseeable difficulties. Dual testing for stage IV non-squamous, NSCLC patients has the potential to improve care and survival outcomes by providing access to the right test at the right time.”

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