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Pradeepbabu.koyyala@gmail.com

Challenges to Molecular testing for selecting targeted therapies for Oncology Patients in India

Dr Venkata Pradeep Babu K*, P. Kulkarni, V. Goel, S.C. Goteti, S.R. Purohit, A.Jajodia, S.R.Ch, P.Medisetty, M.La Mantia, C. Dodagoudar, S.Pasricha, S.Sen*

*First and Principal Authors Institution: Assam Cancer Care Foundation(ACCF), Govt. of Assam and TATA trusts colloboration, Assam, India

BACKGROUND

- Advances in oncology is leading to approvals of newer targeted therapies and immunotherapies.
- Usage of these targeted therapies require molecular tests to select appropriate patients.
- These tests are used globally to help oncology patients gets appropriate therapy, however there are many challenges faced by Indian Oncologists to prescribe these tests due to multiple reasons of heterogeneity in practice and some unique situations.
- This study is done to evaluate such challenges.

METHODS

- This study was done to know the reasons for not prescribing or unable to get the molecular test done by an oncologist in those patients who are actually candidates for approved test or therapy.
- Finding out such reasons may lead to solutions by international collaboration, cooperation and guidance from countries which are already doing them.
- This is a cross sectional descriptive study conducted in various
 Oncology institutions across India using digital survey questionnaire
 via electronic and social media platforms after consent at the
 beginning of the survey.

RESULTS

- A total of 88 medical oncologists were contacted, 23 doctors rejected to participate in the survey.
- While enquired about the number of patients they encounter who will require any sort of molecular test that can alter the patient management, 67% of them answered the range will be from 10-50%.
- 86.2% of medical oncologists opined that the main challenge in ordering the molecular test required is the affordability of targeted therapy, followed by non-affordability for getting the prescribed molecular test (73.8%).
- Among those who were able to do the molecular testing in required patients, 15.4% were using Single gene aberration testing while 29.2% were using multi gene panel assays.
- Of all the tests that were ordered, Lung cancer is the most common cancer that required molecular testing for decision making (92.3%).
- About 61.5% of medical oncologists said that they were able to use immunotherapy in less than 5% in indicated patients and most common reason for this is non- affordability (95.4%).

CONCLUSIONS

Although filed of oncology is progressing in leaps and bounds, there are basic and unique challenges faced by oncologist in India to get a molecular test done for a cancer patient. Improvisation in this area may benefit huge number of patients in view of profound burden of global cancer burden carried by India.