Conference Abstracts

Comprehensive genomic profiling (CGP) of advanced cancer patients undergoing care within a large, community setting health plan

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Background

Comprehensive genomic profiling (CGP) is now recommended for patients with advanced cancer to identify those eligible for targeted therapy. However, current use of CGP appears to be underutilized in many settings.

Methods

We examined CPG among adult patients presenting with stage IV breast (n=862), colorectal (CRC) (n=1707), non-small cell lung (NSCLC) (n=3809), pancreas (n=1521), stomach (n=726) and ovarian cancer (n=610) from 2019-2023 at Kaiser Permanente Northern California (KPNC). Data sources included the KPNC tumor registry, the KPNC molecular profiling tracking system, and other KPNC electronic health records.

Results

During the study period, rates of CGP were 61% for CRC, 55% for NSCLC, 45% for breast, 45% for pancreas, 42% for stomach and 42% for ovarian, with testing increasing over time for all cancer sites. Those tested tended to be younger. Testing rates were similar for male and female patients with CRC and pancreas cancer; however, testing rates were lower for males than females with NSCLC (53% vs 57%) and stomach (33% vs 56%). Among those who died within our study period (ending 12/2023), those tested vs not tested had a longer median time between diagnosis and death (median 20.3 vs 6.6 mos for breast, 15.1 vs 3.1 mos for CRC, 8.0 vs 2.9 mos for NSCLC, 5.1 vs 1.7 mos for pancreas, 8.3 vs 3.7 mos for stomach, 22.2 vs 4.9 mos for ovarian), likely reflecting both health status at diagnosis, as well as treatment benefits.

Conclusions

Between 40%-60% of patients presenting with stage IV cancer at 6 sites underwent CGP in our community setting health plan. Further research is planned to better understand reasons patients are not being tested and why there are differences by age, sex and cancer site. We also plan to examine the percent of stage IV patients receiving targeted therapy after CGP.