

Authors: Joseph Kim, MD, MPH, MBA¹, Melissa Kelly, PhD²; Kellie Beumer²
¹Q Synthesis LLC, Langhorne, PA; ²American Society for Clinical Pathology, Chicago, IL

BACKGROUND

As the use of immuno-oncology (IO) expands into more cancers, there is a growing need for pathologists and laboratory professionals to demonstrate leadership and guide biomarker testing processes and procedures at their own institutions. To educate and empower its members, the American Society for Clinical Pathology worked in collaboration with Q Synthesis to develop a peer-to-peer learning collaborative.

METHODS

18 pathologists and laboratory professionals participated in a 10-month program: IO ChangeMakers. Learners completed online modules covering scientific updates on IO biomarker testing. Through small-group, case-based discussions, learners reviewed operational challenges and opportunities to refine biomarker testing. Learners also discussed the importance of different leadership topics and themes such as:

Leading yourself

- Interpersonal skills
- Resilience
- Communication skills

Leading projects or programs

- Team building
- Technical skills
- Decisiveness

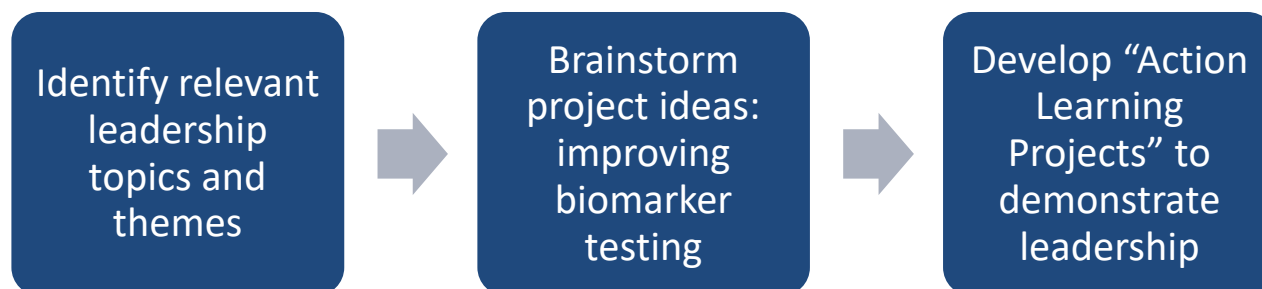
Leading others

- Conflict management
- Leveraging diversity
- Developing others

Leading an organization

- Vision
- Strategic thinking
- Management skills

Learners applied this knowledge to lead IO improvement projects at their own institutions by developing “Action Learning Projects.”



SUMMARY

As the landscape of IO continues to grow, pathologists and laboratory professionals will see more opportunities to demonstrate leadership and improve biomarker testing procedures.

Pathologists and laboratory professionals can lead efforts to navigate the complexities surrounding PD-L1 testing (eg, antibody clones, scoring criteria) and optimize for timeliness and efficiency.

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RESULTS

The learners identified the following leadership insights around IO biomarker testing:

Leading others:

- **Improving testing results:** Interobserver concordance among pathologists scoring PD-L1 can be challenging when scoring upper GI cancers where the combined positive score (CPS) is used. Scoring upper GI cancers is challenging because of the spatial distribution of PD-L1 within a tumor. Pathologists and laboratory professionals can lead others and find ways to improve scoring accuracy and reporting.
- **Reducing confusion about PD-L1 antibody clones:** Pathologists and clinicians are often confused about the use of different PD-L1 antibody clones (eg, 22C3, SP142, etc.) and scoring criteria (eg, TPS ≥ 1%, CPS ≥ 10, TC ≥ 25%, etc.). Pathologists can lead oncologists by developing education and reference guides to ensure the right PD-L1 test is ordered based on the type of tumor and intended treatment.

Leading IO biomarker testing programs:

- **Reflex testing:** Pathologists and lab professionals can develop or refine reflex biomarker testing processes to ensure that tissue is sent for PD-L1 testing at the time of cancer diagnosis. They can establish testing criteria with oncologists and implement steps to reduce delays in testing.
- **Tissue handling:** Pathologists and lab professionals can identify ways to improve tissue processing and handling to preserve small amounts of tissue for biomarker testing. When quantity is not sufficient, they can prioritize PD-L1 testing and contact the oncologist to order a liquid biopsy

Leading an organization:

- **Test ordering to reporting:** In many cancer centers, biopsy samples are being sent out for PD-L1 testing and it can be difficult to track specimens and test reports. Pathologists and laboratory professionals can refine streamline processes by working with IT to develop electronic test ordering, to track the status of send-out tests, and to communicate results in a timely fashion.

CONCLUSIONS

Pathologists and laboratory professionals have numerous opportunities to lead improvement efforts in IO biomarker testing. As the use of IO expands into more cancers, there will be a growing need for them to demonstrate leadership in this area.

Disclosures: The authors have nothing to disclose.