

## Advanced Immuno-Oncology (I-O) ChangeMakers

### Action Learning Projects to Improve Cancer Care

<b>Project Title</b>	<b>Navigating uncertainty when PD-L1 is ordered for “other” cancers</b>
<b>Problem/Challenge</b>	There is no clear guidance on how PD-L1 testing should be performed and interpreted for cancers beyond those that have an FDA-approved indication. As a result, when PD-L1 testing is requested for “other” types of cancers, pathologists often do not know how to perform and interpret the test.
<b>Aim/Goal</b>	Develop consensus around how PD-L1 testing should be performed and interpreted when pathology receives orders for these “other” types of cancers (eg, thyroid, cholangiocarcinoma, etc.).
<b>Key Interventions</b>	<p>We worked with our pathologists and members of the cancer care team at Henry Ford Health System to explore this issue. Our intervention was to develop an initial guidance document that provides a framework around how PD-L1 testing should be performed and interpreted when orders came to pathology. This framework allowed pathologists to agree on an interim “best practice” until more data becomes available. Recognizing that this is an area that is evolving quickly, this initial draft document focused on these key questions:</p> <ul style="list-style-type: none"> <li>• Is the biopsy sample very small (limited quantity)?</li> <li>• Does the pathologist know which drug the oncologist plans to use?</li> <li>• Are ongoing research studies exploring the use of immune checkpoint inhibitors for this particular type of tumor?</li> <li>• Did the oncologist/ pathologist discuss insurance coverage for the test?</li> <li>• What does a pathologist do if (s)he is unclear if the cost of PD-L1 testing (on 'other' cancers) will be covered by the patient's insurance?</li> </ul>
<b>Summary of Results</b>	The draft guidance document provided a reliable framework for discussion among our pathologists and oncologists. We agreed that this document needs to be updated as new approvals are announced by the FDA. In the meantime, we also agree that the role of PD-L1 testing for some of these “other” cancers remains uncertain and ongoing research is needed to provide clear recommendations.
<b>Project Team/Affiliation</b>	Richa Bedi, PhD, MS, BS, MLT (ASCP) AMITA St. Mary Elizabeth Medical Center, Chicago, IL