Thoracic Oncology Group Australasia

**Health Technology Assessment Team (HTA)**
Medical Services Advisory Committee (MSAC)
Australian Government
Department of Health
MDP 851
GPO Box 9848
CANBERRA ACT 2601

9 March 2022

Dear MSAC,

**Re: Support for request of funding for small gene panel testing for NSCLC**

We wish to provide support to the application for funding for small gene panel testing for non-small cell lung carcinoma (NSCLC) submitted by The Royal College of Pathologists of Australasia (RCPA). The Thoracic Oncology Group of Australasia (TOGA) Ltd is the leading thoracic cancer trials group in Australia and New Zealand comprising clinicians, health professionals, researchers and patient advocates with an interest in thoracic cancers who collaboratively design and conduct clinical trials in lung cancer, thymic cancers and mesothelioma.

Lung cancer accounts for more cancer deaths per year than any other cancer and the majority of patients have locally advanced or metastatic disease at initial clinical presentation. The most common type of lung cancer, non-small cell lung cancer (NSCLC), is a heterogeneous disease with a wide diversity of genomic subtypes in which mutations or abnormal gene expression drive cancer cell growth. In non-squamous NSCLC these 'driver' mutations can be targeted with specific drugs, limiting tumour growth. Patients on these treatments can live for many years, with milder and very manageable side effects.

Current reimbursed testing in Australia is performed sequentially and only identifies *EGFR*, *ALK* fusion and *ROS1* mutations for which PBS-reimbursed treatment options are available. However, there are a growing number of targeted treatments that are in late-stage clinical development, approved for treatment overseas, or applying for marketing and reimbursement approval in Australia. To be of benefit to Australian advanced NSCLC patients, availability of these treatments must be accompanied by suitable tests to identify the 'driver' mutations. However, sequential testing can be time-consuming, resulting in delays in commencing treatment, and tissue obtained at biopsy finite.

The current application requests funding for next generation sequencing that enables mutations to be detected in one assay, or two sequential assays, minimising the amount of tissue required and, in many patients, shortening the time until treatment is commenced. This is supported by several guidelines as listed in the application, and also supported by the TOGA membership.

Yours sincerely,

N Pavlakis

Prof Nick Pavlakis BSc MBBS MMed (Clin. Epi) PhD FRACP

Chair, Board of Directors
Thoracic Oncology Group of Australasia Ltd.
Professor of Medicine, University of Sydney
Clinical Services Director, Genesis Care St Leonards, Frenchs Forest
Senior Staff Specialist, Department of Medical Oncology, Royal North Shore Hospital