ASPiRATION 2 Liquid Remote Referral Information and Links

Before referring a patient, please ensure that you have first read all pages of the Clinician Information on the following pages.

This process is for remote referrals only. If you are a clinician at one of the 17 ASPiRATION-2L study sites, please enroll patients directly through your site.

For any questions, contact the ASPi-2L study team at info.aspiration2@sydney.edu.au or call 02 9351 2409.

Clinicians must use the Remote Referral Dashboard to:

- Refer a new patient
- Request a ctDNA test 6 WEEKS AFTER STARTING NEW TREATMENT
- Request a ctDNA test at DISEASE PROGRESSION
- Request NGS on FFPE TUMOUR TISSUE or OTHER BIOSPECIMEN

THE UNIVERSITY OF SYDNEY

TOGA
Thoracic Oncology Group Australasia

ASPiRATION-2 Liquid

Remote Referral Information for Clinicians

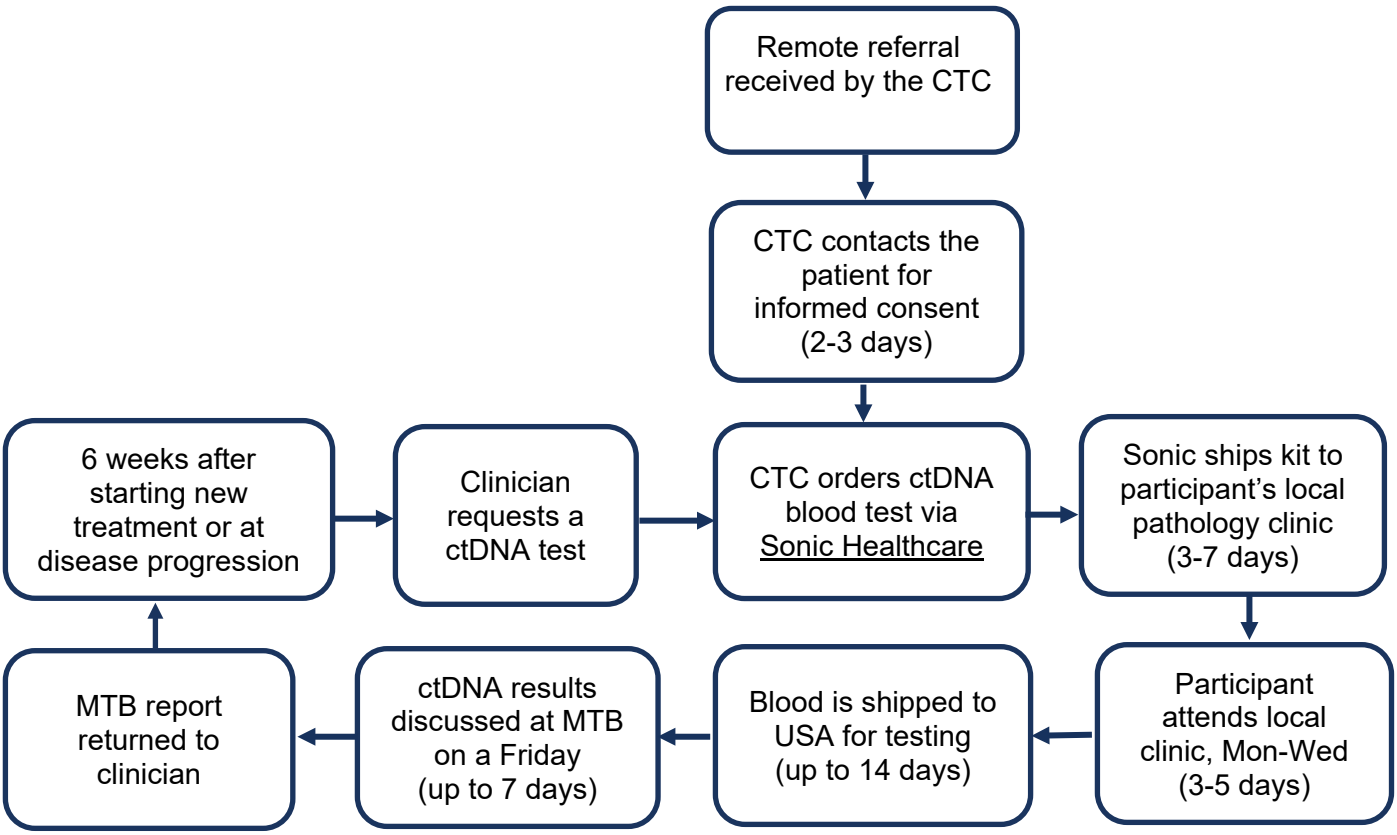
What is the ASPiRATION-2 Liquid Study?

The ASPiRATION-2 Liquid study is a landmark national initiative aiming to change how lung cancer is diagnosed, monitored, and treated across Australia.

Molecular profiling and biomarker-directed therapies have significantly improved outcomes for patients with metastatic oncogene-driven NSCLC. However, tumour genetics evolve over time, leading to treatment resistance, and repeat tissue biopsies are often difficult due to accessibility, costs, patient preference, and procedural risks.

Circulating tumour DNA (ctDNA), or liquid biopsy, offers a non-invasive alternative that can detect tumour genomic changes through a simple blood test. ctDNA enables real-time molecular profiling to guide treatment selection, monitor response, and identify emerging resistance.

ASPiRATION-2 Liquid will evaluate serial ctDNA testing throughout a patient's treatment journey, using dynamic molecular profiling to support personalised treatment recommendations, reduce reliance on invasive biopsies, and advance precision medicine for Australians with lung cancer.



Eligibility

By referring a patient for this study, you are acknowledging that to the best of your knowledge, the patient meets the eligibility criteria.

Inclusion Criteria	
✓	Adults aged 18 years and older with a diagnosis of advanced NSCLC
✓	Known oncogenic driver (including but not limited to *EGFR, KRAS, BRAF, MET* exon 4 skipping mutations or *ALK, ROS1, RET, NTRK, NRG1* fusions)
✓	Previously received treatment with a genomically-targeted therapy (e.g. a TKI, antibody or molecularly-targeted antibody-drug conjugate)
✓	Clinical or radiological diagnosis of disease progression or intolerance *Note: One ctDNA test per participant is available at study entry. The next ctDNA test available is 6 weeks after start of next line of systemic treatment. Repeat ctDNA at study entry is NOT AVAILABLE.*
✓	ECOG performance status 0-2
✓	Able to provide electronic informed consent to participate in molecular profiling and linkage to Medicare data. *Note: Not suitable for participants with low literacy, insufficient English, or limited vision*
✓	Willing and able to comply with study requirements.

Exclusion Criteria	
✗	Serious medical or psychiatric conditions that might limit the ability of the participant to comply with the protocol.
✗	History of another primary malignancy, except for: ○ Malignancy treated with curative intent and no known active disease within the last 2 years and low risk of recurrence ○ Adequately treated non-melanoma skin cancer or lentigo maligna without evidence of disease ○ Adequately treated carcinoma *in situ* without evidence of disease

Clinician Responsibilities

1. Referral

Obtain consent from the patient to share their contact details with the Sydney Clinical Trials Centre (CTC) and to be contacted by the CTC to discuss the study. They must also be able to complete e-consent online using a personal device or home computer.

Patients who require an interpreter are not suitable for remote referral. Please refer these participants to a participating study site.

Complete the referral form via the Remote Referral Dashboard, which includes confirming patient eligibility.

Complete at:
- Study Entry

2. Data submission

Following successful study registration, and at each follow-up timepoint, you will receive an email request for data.

Upload all prior therapy, pathology, molecular and surgical reports into the REDCap study database using the links in the email within 2 weeks. Provision of data is critical and will impact on the timeliness of Molecular Tumour Board (MTB) review if not provided promptly.

Provide follow-up data on a 3-monthly basis for up to 4 years, including treatment names, start/stop dates, dates of disease progression, number of hospitalisations, survival status.

Complete at:
- Study Entry
- 6-weeks after starting new treatment
- Disease Progression
- Follow-up

3. Review of the MTB Report

The MTB will review the ctDNA result and provide a report to you with treatment recommendations and any relevant trials.

All treatment is at the discretion of you and your participant.

Complete at:
- Study Entry
- 6-weeks after starting new treatment
- Disease Progression

4. Request a ctDNA test

6 weeks after your patient starts a new line of systemic treatment, and/or at disease progression, you will need to request a ctDNA test through the Remote Referral Dashboard.

6-week samples may be tested in real time or batched based on operational constraints. If results are available in real time, they will be provided to you.

Complete at:
- 6-weeks after starting new treatment
- Disease Progression

5. Request NGS on FFPE tumour tissue or other biospecimen

Complete at:
Any time

If tissue is available from standard-of-care surgery/biopsy, and molecular results may inform treatment, please consider referring to CaSP.
Cancer Screening Program (CaSP) | Omico
If the participant is not eligible for CaSP, request a NGS test via the Remote Referral Dashboard.

If other sample types are collected as part of standard care (e.g. pleural effusion, pericardial effusion, ascites, CSF), and molecular results may inform treatment, request an NGS test via the Remote Referral Dashboard.

The CTC will arrange retrieval of the tissue or sample directly from the pathology provider.

Where tissue and ctDNA results are available at the same time, they will be reviewed by the MTB together. If not available contemporaneously, a second MTB will be held – MTB review will not be delayed.

Other sample types may be tested in real time or batched based on operational constraints. If results are available in real time, they will be reviewed by the MTB and a report provided to you.

All treatment is at the discretion of you and your participant.

Frequently Asked Questions

Who completes informed consent with the patient?
The CTC will complete the consent process with the patient after receiving a referral. You will be notified once your patient has been successfully registered into ASPiRATION-2L.

How soon will the ctDNA blood test be completed?
Blood collection is expected to occur 7-14 days after referral, allowing time for consent, kit shipment, collection days, and participant availability.

For ctDNA testing at study entry, blood must be collected before the participant commences their next line of systemic treatment.

If treatment is planned within 12 days, remote referral is not recommended. Instead, cross-refer to an open participating site and advise them of the planned treatment start date.

How many ctDNA tests can one participant have?
One ctDNA test per participant is allowed per disease progression.

The next ctDNA test available is 6 weeks after the start of the next line of systemic treatment. Repeat ctDNA at disease progression is not available.

When will the Molecular Tumour Board review the ctDNA results?
MTB meetings occur every Friday. All relevant pathology and molecular reports must be submitted before the case can be discussed.

Referring clinicians will be invited to join the MTB when their patient is being discussed.

Can I get a payment for referring a patient?
If you wish to receive payment for eligible remotely referred participants, you must sign a one-off Remote Referral Agreement.

If the agreement is not signed, no payment will be made, although all data collection and follow-up requirements still apply under the remote referral process.

Participants can be referred before the agreement is signed. Agreements must be completed and payments claimed by February 2030.

Contact us for more information

The ASPiRATION-2 Liquid Team

Phone: 02 9351 2409

Email: info.aspiration2@sydney.edu.au