

Biomarker Testing in Non-Small Cell Lung Cancer Discussion Tool

FACILITATOR GUIDE

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Overview

This facilitator guide describes two models you may use when reviewing the discussion tool with a group of nurses. The in-person model and the virtual model both involve reviewing the tool, sharing its uses, and providing ways you can use this tool when discussing biomarker testing with patients.

Use the information in this guide to prepare for the session, whether its in-person or virtual, and what content to include when giving an overview of the tool. Each group and setup can differ depending on the participants, location, and physical resources. The outline and options are suggestions for how you can adapt the session for your group and environment; review this guide and consider the variables of your group or situation during planning.

Facilitator Preparation

Institutional Application

When leading this discussion with nurses, start by gathering your institutional policies and procedures. While they may not be used in every patient conversation, they are valuable for nurses to have readily available.

Prepare to discuss the following:

- The nurse's role and responsibilities as they pertain to biomarker testing at your institution and department
- When it is appropriate, based on your department's workflow, to integrate this patient discussion tool into practice
- Financial barriers to biomarker testing and resources for staff and patients

Whether you are conducting these sessions in person or virtually, before meeting, send a copy of the discussion tool and the talking points on page 2. Ask the nurses to review the tool and be prepared for discussion and to ask any questions they might have.

If appropriate and if all of the nurses you wish to reach are present, consider conducting this session as a part of a larger session or meeting.



Talking Points for Nurses When Using the Tool

- Biomarker testing is performed in patients with non-small cell lung cancer (NSCLC) primarily to
 detect somatic (acquired) driver variants. Biomarker testing can also provide insight into hereditary
 cancer risk, but it is uncommon in lung cancer to find a germline pathogenic variant.
- Biomarker testing can help to further define the diagnosis, inform the prognosis, and be predictive of the response to targeted therapy. For example, epidermal growth factor receptor (EGFR) inhibitors would be indicated in a patient with an EGFR exon 19 deletion variant.
- The tissue sample can come from any disease site as long as it is nonsquamous NSCLC.
- Several commercial companies can run the tissue DNA and RNA sequencing panels. The company used is selected by the healthcare institution.
- The blood test (liquid biopsy) can be run by many different commercial companies, and the
 healthcare institution selects the company used. Instructions on how to collect the blood sample
 vary by company.
- Studies show that more biomarkers are found when sending both tissue and blood samples, resulting in a more accurate diagnosis and treatment strategies.
- Most biomarker testing companies have a portal where patients can review their results.
- Liquid biopsy test results are available usually within 7 days, which is faster than tissue biopsy test results.

Session

Setup: In-Person

Length of session: 5 minutes

Ensure all nurses can see the discussion tool. They could each have a copy or view it on a screen.

Setup: Virtual

Length of session: 5 minutes

Because of the brevity of this session, consider conducting this within a larger meeting.

Share your screen to ensure all nurses can see the discussion tool and are following along.

Overview

Take about two minutes to provide an overview of the tool. Because the nurses received it in advance, they should be familiar with it, but you can reinforce the following:

- **Purpose:** To educate patients on biomarker testing, how the results may influence their treatment plan, and the process, and to possibly share the biomarker testing results
- When to use: This tool can be used at multiple times throughout the biomarker testing process to help explain parts of the process or review test results. This can also be a place where patients can write notes. This can be determined based on your unit and nursing workflows.



Format

- The discussion tool is setup to help provide supporting information as the nurse discusses the process of biomarker testing with patients. It flows with arrows to indicate the process, starting with the general question, "What is biomarker testing and why is it important?" and narrows in scope through why biomarker testing is used, how it is done, and how patients will get their results.
- The final portion of the tool is setup so the patient can take notes to review later. You might have this conversation after results have been delivered, so there is also a place for the biomarker results to be recorded. This portion of the tool helps to make the conversation active for patients and gives them a reminder of the key points in the conversation.
- Accessibility consideration: Some patients may not be able to record notes on the tool. Consider
 writing in their results and the main points you covered. If an electronic version is available, it may
 be easier to type in the results and notes in a large font and print a copy for the patient.

Discussion

In-Person

Because the nurses were asked to review the tool in advance and to consider their questions, they should be prepared for this brief discussion.

Smaller group discussion: Opt for simplicity. Ask the nurses to share their questions and answer them as fully as possible with the information you've gathered.

Larger group discussion: Because many individuals will likely have similar questions, provide 30 seconds for them to chat with 3-5 people around them to determine if they have the same questions. Then, one person from each group can ask their most common question. After you've received and answered one question from each group, you can ask if there are any unanswered questions.

Conducting conversations with a larger group may take more time. If you cannot allot for more time, consider starting an email thread or virtual asynchronous chat (e.g., Microsoft Teams chat) as a follow up so that nurses can ask their questions and everyone can benefit from the answers.

Virtual

Because the nurses were asked to review the tool in advance and to consider their questions, they should be prepared for this brief discussion.

Smaller group discussion: Opt for simplicity. Ask the nurses to share their questions and answer them as fully as possible with the information you've gathered. It can be challenging to know when to speak in a virtual meeting, even in a small group, so encourage the nurses to virtually raise their hands (usually an option in the software) so you can call on them. Alternatively, the nurses can type their questions into the chat and you can answer them aloud.

Larger group discussion: Virtual presentations with larger groups can be challenging. It may be beneficial to encourage the participants to type their questions into the chat. Then, you can answer those questions verbally.



Because this is meant to be a brief activity, breakout rooms likely would not be efficient for discussion. However, if you have additional time and would like the nurses to discuss the tool, opt for smaller groups in breakout rooms. The whole group can then reconvene to answer any remaining questions.

Conducting conversations with a larger group may take more time. If you cannot allot for more time, consider starting an email thread or virtual asynchronous chat (e.g., Microsoft Teams chat) as a follow up so that nurses can ask their questions and everyone can benefit from the answers.