



## Optimising access to personalised cancer therapy in The Netherlands; from tissue to therapy.

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On behalf of the PATH consortium



Radboudumc

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# Disclosures

- Full employment at Radboudumc, head of the dept of Pathology
- Responsible for all grants, contracts and fees of the department of Pathology at Radboudumc
- Contract research for Sakura, Milestone, Philips, Illumina, BMS
- Scientific advisory boards (for profit): Roche, BMS, Amgen, Bayer, MedicalPHIT, MEDTalks
- Scientific Advisory Board (non-profit): NVVP-cieBOD, IKNL, DRUP study
- Member of the PIE steering committee and advisory board
- No shares
  
- All fees and funding go to the dept of Pathology at Radboudumc

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## **Hypothese:**

Access to targeted therapy is  
unequally distributed

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**Aim:**

Measure molecular diagnostic yield



LUNG (NSCLC)

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**Radboudumc**

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All NSCLC cases

Stage

Targeted treatment by line

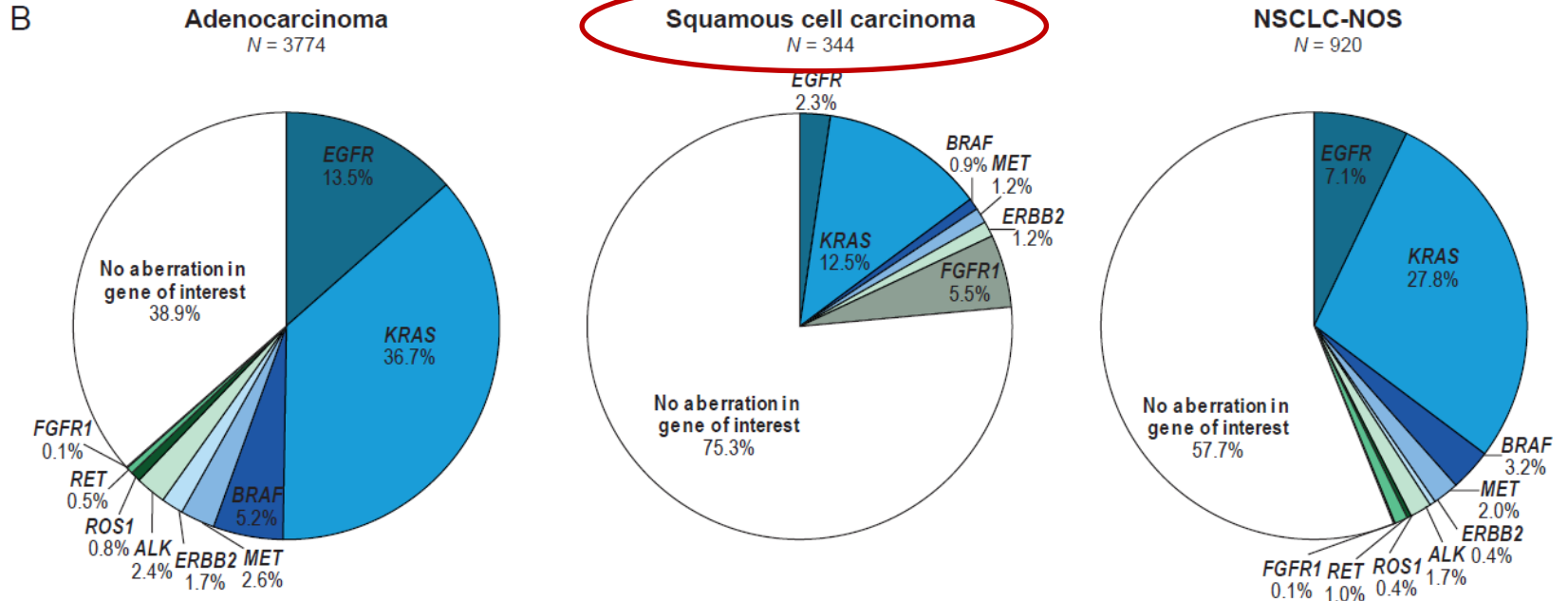


All NSCLC cases

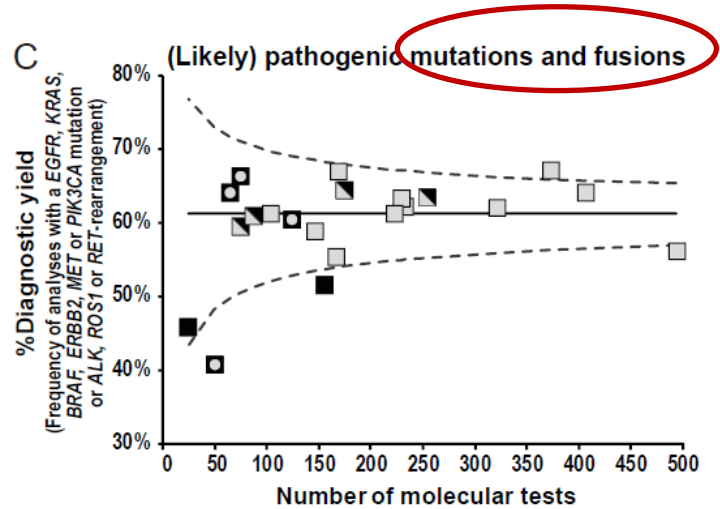
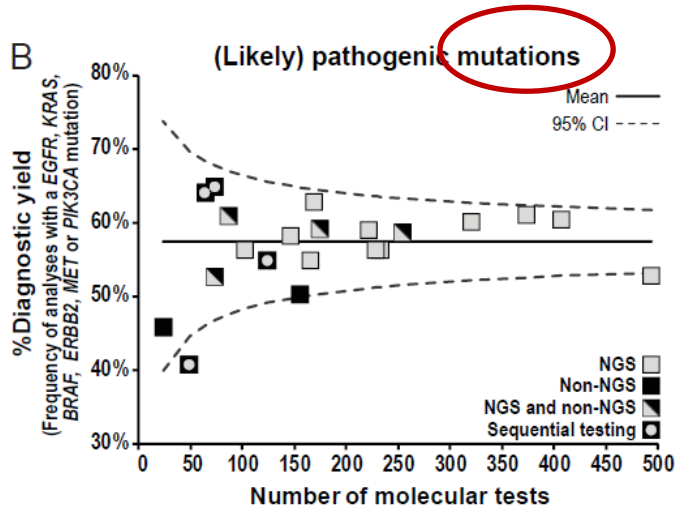
Molecular diagnosis



N = 5038

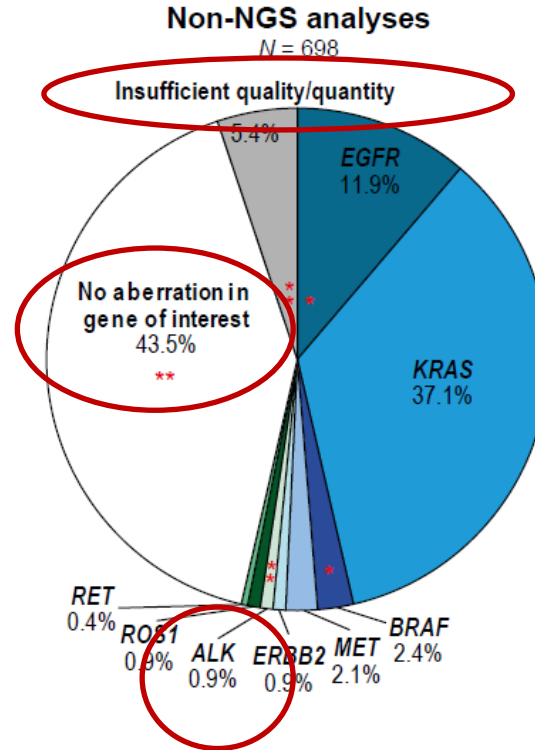
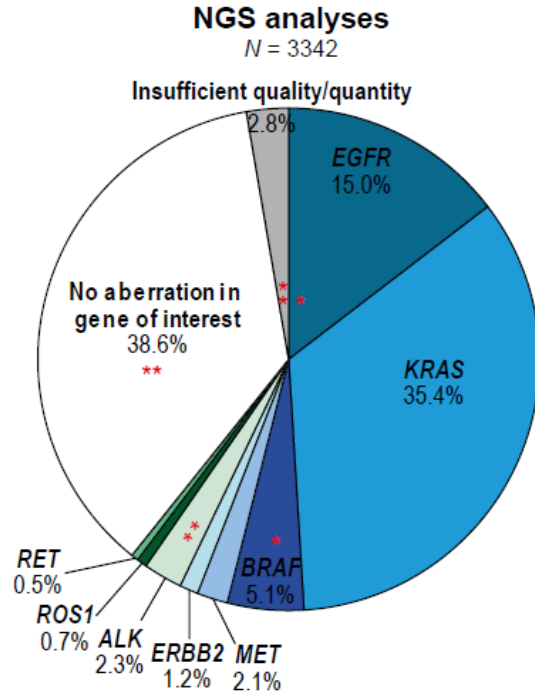


➤ Testing selection by histology pattern is suboptimal



➤ Diagnostic yield varies across labs

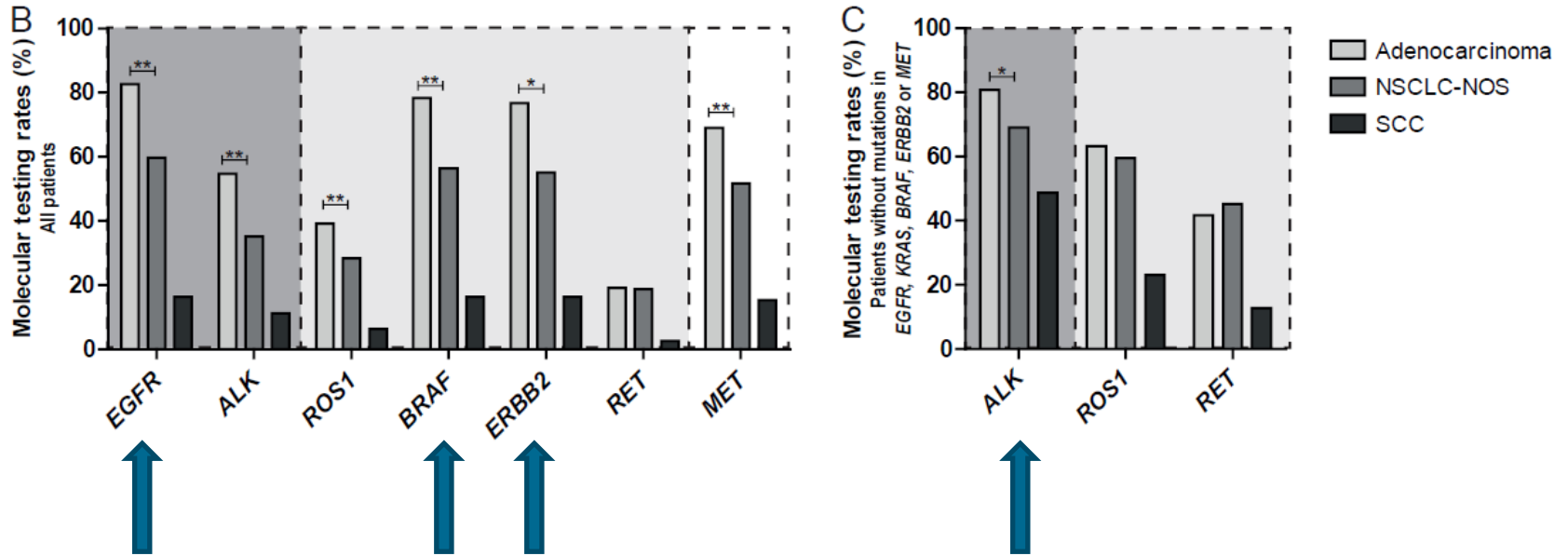
D



➤ NGS panels outperform single gene tests

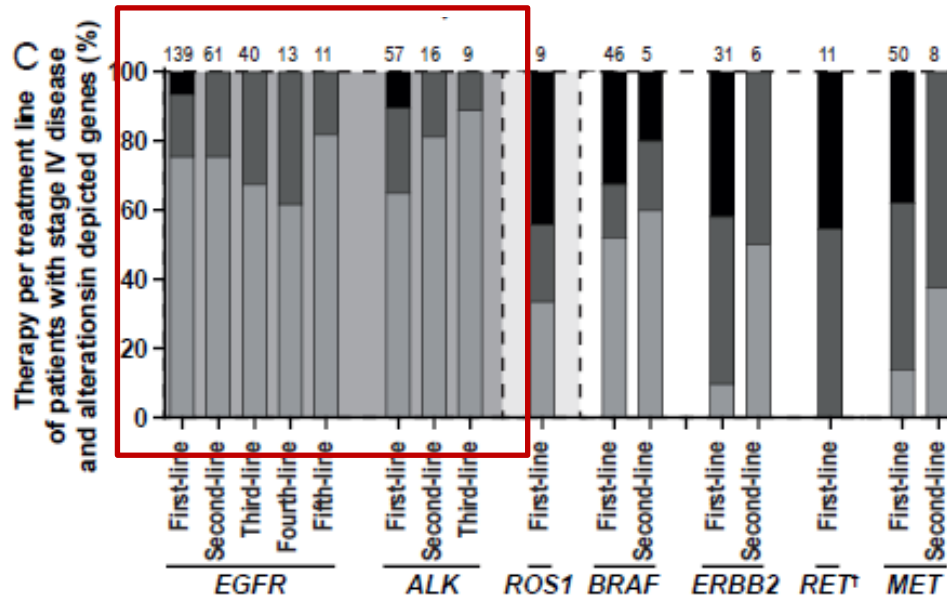


N = 1193



➤ Overall testing uptake is very high

N = 415



➤ large majority of stratified patients receive targeted therapy, regardless of treatment line



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