Cancer Screening Program (CaSP)- FAQs for Clinicians

1. **Who can be referred to the program?**

   Any patient with a performance status of 0, 1 or 2 who has an incurable or lethal solid tumour (benign or malignant).

2. **Is there a restriction to only accept patients with rare cancers?**

   No, we will accept any patient regardless of tumour type, if they meet the eligibility criteria.

3. **Do we have limits on numbers of patients?**

   Not for now. We are very fortunate to have a 5-fold increased capacity to accept patients. We accept that this is still a fraction of the total population at need, but until further notice, we can accept all referrals.

4. **Turnaround time.**

   The average turnaround time for a clinician to receive the MOB report is **8 weeks** from the time a patient provides informed consent.

   Factors that affect turn-around time include the amount of time for:
   - A patient to return their consent documentation (~7 days),
   - Retrieval of tumour tissue from the custodian pathology lab (~10 days),
   - The laboratory to perform CGP (3 - 6 weeks, depending on urgency and/or priority),
   - The Molecular Tumour Board to review results and issue a report (~1 week)

5. **Can I request for an MOB report to be expedited, if there is clinical urgency?**

   Yes, we acknowledge that some patients urgently require treatment and cannot wait 8 weeks. To request for an urgent issue of an MOB report, please note of clinical urgency when submitting an online referral to CaSP:

   Examples of clinical urgency, include patients with:
   - Newly diagnosed metastatic disease with no or limited SoC treatment options,
   - Currently on last line of SoC therapy, or
   - Current Progressive Disease (PD) and/or expected time to progression <6 months

   We also encourage you to refer early, to minimise urgency.

6. **What are possible factors that may cause delays in obtaining genomic profiling results?**

   - Difficulty contacting patients,
   - For hardcopy consents, delays in participants returning signed consent (we are unable to access tissue without signed consent),

- Delays in pathology labs providing tumour tissue, and/or
- Low DNA and/or RNA extraction yield/s (repeat extraction may be required).

7. Who receives the Molecular Oncology Board (MOB) Report when genomic profiling is complete?

The referring clinician, and any associated health practitioners included on the referral form are sent a copy of the MOB Report. Additionally, a patient is notified by SMS/email when their comprehensive genomic profiling (CGP) is complete. A patient is only provided with a copy of the report if requested.

8. What are the tissue requirements?

Many factors are considered when assessing suitability of tissue for CGP, including:

- Procedure/biopsy type
- Age of the sample
- Size of the sample
- Tumour purity of the sample
- Prior exposure to targeted therapy
- Samples with mixed morphology

For more information on CaSP optimal tissue requirements, click here.

9. My patient has prior genomic testing – can they be referred and discussed at the MOB?

If the test performed is considered an equivalent assay to CaSP genomic profiling (i.e. TSO500, AVENIO Tumor Tissue CGP, FoundationOne CDx, etc), existing sequencing results can be discussed at the CaSP MOB. Genomic profiling will not be repeated.

The anticipated turn-around time is reduced to ~10 days from referral to CaSP.

Please upload a copy of the prior genomic testing results within the online referral to CaSP.

10. Is there a financial cost to the patient?

There is no cost to the patient.

11. Do patients have to be Medicare eligible?

A patient should be Medicare eligible to enable access to clinical trials in Australia.

12. Is a liquid biopsy available for my patient?

Liquid biopsy (ctDNA) may be available for some cancer types (lung, colorectal, bladder, prostate, breast, CUP).

It is less suitable for other cancers due to the lower sensitivity of the ctDNA test compared to solid tumour testing.

The recruitment team will contact you for more information about tumour burden if your patient is considered for ctDNA testing.

A liquid test is considered a sequencing event for the patient. The CaSP policy is one sequencing event per patient.