

Patient Perceptions of Blood Biomarkers for Early Lung Cancer Detection

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DISCLOSURES:

Leah Fine has no relevant financial disclosures

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Creating a Framework to Understand "Patient" Perceptions

The Evidence:

- Blood biomarker tests for lung cancer early detection in development by numerous companies =>
 - Very little insight on patient perceptions
 - Many of these tests are developed with the USPSTF-defined population
- Extensive research about patient perceptions of LDCT screening
- First evidence of patient perception to the recently launched blood-based CRC test

Definitions, Assumptions and Guardrails:

- People from within the general population v "patients"
- Single-disease, lung cancer-only blood test v MCEDs
- Blood tests positioned upstream from imaging, not replacing LDCT
- Biomarker => a true biological measurement => one without moral judgement
- Sensitivity & specificity => not part of the lexicon for the general population
- Inadequacies of current screening guidelines
- Smoking history is not well characterized



Creating a Framework to Understand "Patient" Perceptions

The perceptions of whom?

- Screen eligible v Screen in-eligible
- Roughly 50% of people with lung cancer today would not qualify for screening
- Can blood tests/biomarkers expand and rewrite the narrative around lung cancer early detection?

LDCT screening statistics:

- ~93% of the eligible population not getting screened
- ~25% adherence rate

Patient Barriers to LDCT:

- Unaware about screening
- Stigma/nihilism/fatalism
- Patient refusal
- Don't want to know
- Absence of symptoms
- Radiation concerns
- Cost/coverage barriers



Learning from the CRC Blood Test

Perceptions of blood test relative to FIT:

- Simplicity
- Convenience => easily added to routine lab work
- Perceived accuracy of the test
- Non-invasiveness
- Perceived safety
- Clear communication about why it is recommended for them and the meaning of the test result



Designing a Perception Study

Objective: Gain insights that would inform if/how a blood test *normalizes* lung cancer early detection and *motivates* people to engage in the screening process

- 1. Mechanics => how and where does this fit into clinical workflow
- 2. Messaging => can it change hearts and minds

Hypothesis/Assumption: Blood test as a gateway to LDCT

- >95% of people screened today by imaging have a negative result for cancer, i.e. no cancer is found
- Lung cancer when found early is very treatable, much like breast cancer
- Since most imaging comes back negative for cancer, starting with a blood test first, helps to make sure the right patients are recommended for imaging
- The blood test can be done with routine lab work
- There is confidence that when the test result shows no need for follow-up imaging, it can be believed, and the test can be run again each year as part of routine labs



Designing a Perception Study

Example Positioning:

A trusted tool for finding people who may benefit from LDCT imaging in a way that is familiar & routine, makes people feel empowered and proactive, and reduces anxiety/fear/stigma



Designing a Perception Study

Target participants:

- Patients already diagnosed with lung cancer
 - Screen eligible/screened
 - Screen ineligible/not screened
- People/general population who have been screened by LDCT
- People/general population who are screen eligible but not yet screened
- People/general population who are screen ineligible
- (Above categories to include current smokers/former smokers/ever smokers/never smokers)
- People with occupational risks/exposures
- Female Asian Non-Smokers
- People with family history
- People with a primary care physician and people without
- Privately insured/Medicare/Medicaid/Under-insured/Uninsured



Your Inputs and Ideas

Value of an early detection blood test perception study:

- Help the blood testing developers "get it right" for the target population
- Inform ways to improve the regulatory pathway, speed to market and adoption of blood tests
- Provide insights that help us overcome barriers to screening generally, lower stigma, normalize lung cancer screening and make it routine
- Inform how we need to talk about lung cancer early detection and the role of a blood test
- Others?



Thank you

