Advanced Immuno-Oncology (I-O) ChangeMakers

Action Learning Projects to Improve Cancer Care

Project Title	**Providing the right PD-L1 score for the right tumor**
Problem/Challenge	When PD-L1 test orders are received by our lab, we have limited access to patient information. Our pathologists need to know which antibody clone to use (eg, 22C3 vs. SP142) and how to report the results (eg, TPS vs. CPS). PD-L1 testing may be delayed if we do not have all the necessary information when we receive the test order.
Aim/Goal	Improve our processes so that our pathologists can "provide the right PD-L1 score for the right tumor" in a timely fashion.
Key Interventions	After informing my medical director and colleagues about this project, I became part of a newly established PD-L1 working group at Quest. I stepped into a leadership role to formulate some potential solutions for our common challenges and problems. I began by surveying our pathologists and discussing how we may improve our processes. We explored how other labs were handling these challenging situations. Here are some of the key questions around PD-L1 testing and interpretation: • Do you provide more than one type of score (eg, TPS and CPS) when interpreting tumors where the primary site is uncertain or indeterminate? • Do you provide TPS as a range or a single value? • Which scoring method do you use if a tumor does not have an FDA-approved indication and a defined threshold for PD-L1 positivity? • Do you provide PD-L1 scores for decalcified specimens? • Do you provide PD-L1 scores for cytology specimens? • Have you validated PD-L1 antibodies for decalcified or cytology specimens? • Out of every 100 cases where PD-L1 is ordered, how often do you contact the ordering provider to obtain clarification or more information about the patient? • When you receive a PD-L1 order, do your ordering providers specify the name of the drug they plan to use? • Do you receive order where the provider specifically requests CPS vs. TPS scoring? • Have you performed any interpathologist concordance studies?
Summary of Results	By investigating the problem as a team, we identified ways to standardize communication with the ordering providers and to obtain the necessary information before processing the slides for PD-L1 testing and scoring. This project also enabled us to be more proactive when the FDA approved new therapies or expanded the indications of existing drugs. This project also reshaped how we trained and onboarded a new pathologist who recently joined our team. These changes helped us reduce unnecessary testing, improve turnaround time, and improve workflow efficiency.
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