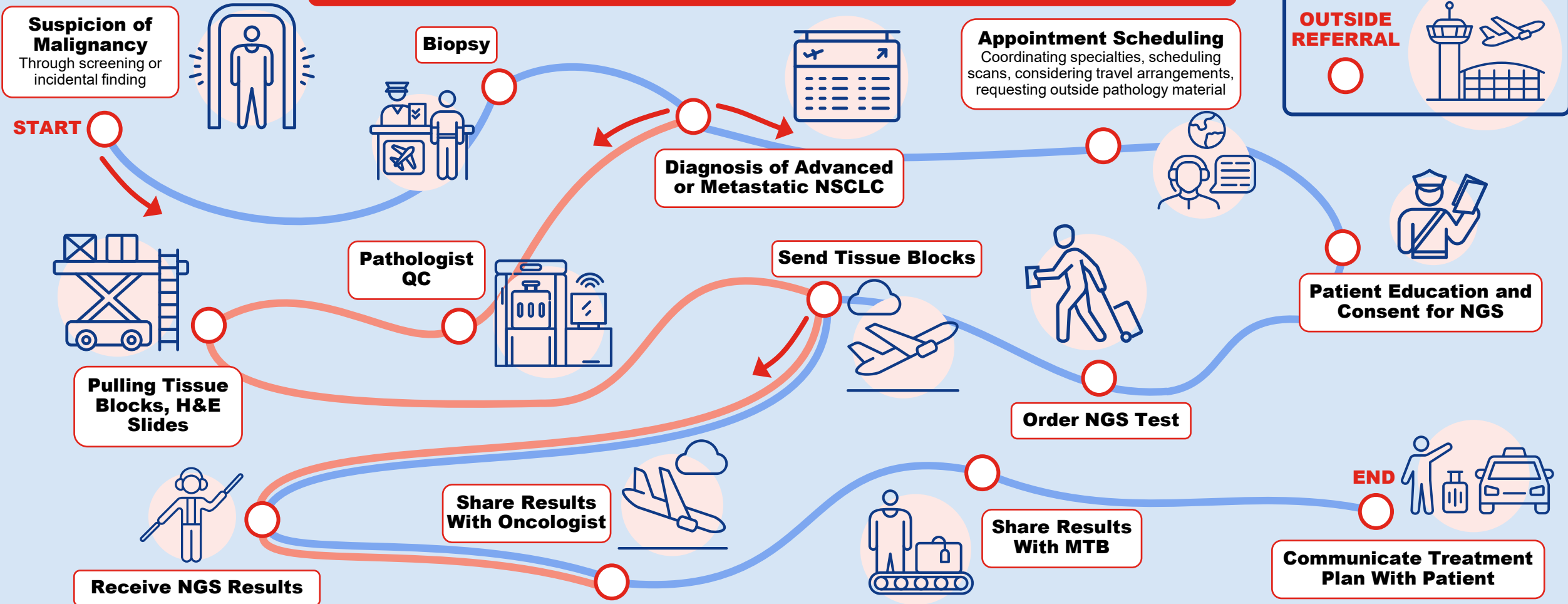


# The Need for Navigators Across the Advanced or Metastatic NSCLC Journey

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## Suspicion of Malignancy

Through screening or incidental finding



START

Biopsy

Appointment Scheduling

OUTSIDE REFERRAL



Patient Education and Consent for NGS

END

Communicate Treatment Plan With Patient



## Potential Barrier

High-risk patients may not get screened for lung cancer.



## How a Navigator Can Help<sup>1,2</sup>

**Lung nodule navigators** can work with PCPs to help ensure that patients who are at high risk for lung cancer are getting the necessary screenings, follow-ups, and interventions.

The navigator will coordinate with PCPs to schedule CT scans and work with the radiology team to make sure results are communicated back to the PCP efficiently.

The navigator can then assist in obtaining further diagnosis or surveillance and coordinating pulmonary, thoracic surgery, medical oncology, or radiation oncology consults as appropriate.

Pulling Tissue Blocks, H&E Slides

Receive NGS Results

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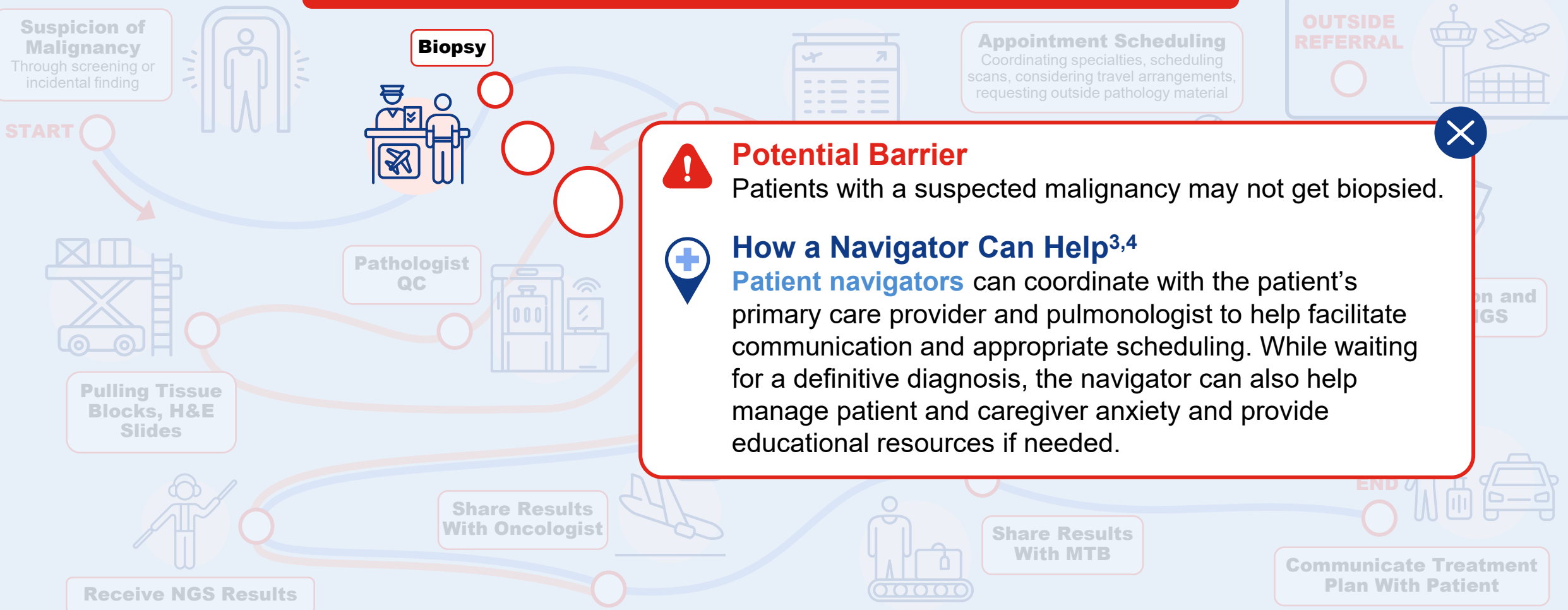
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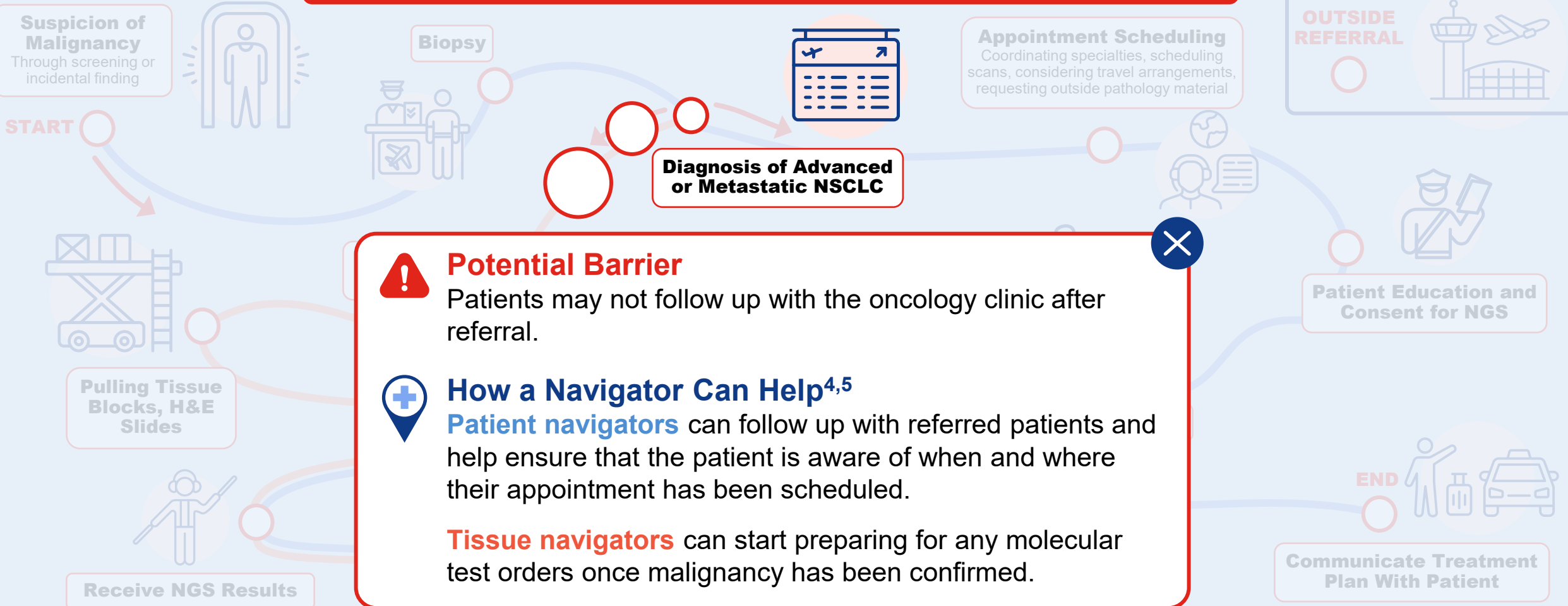
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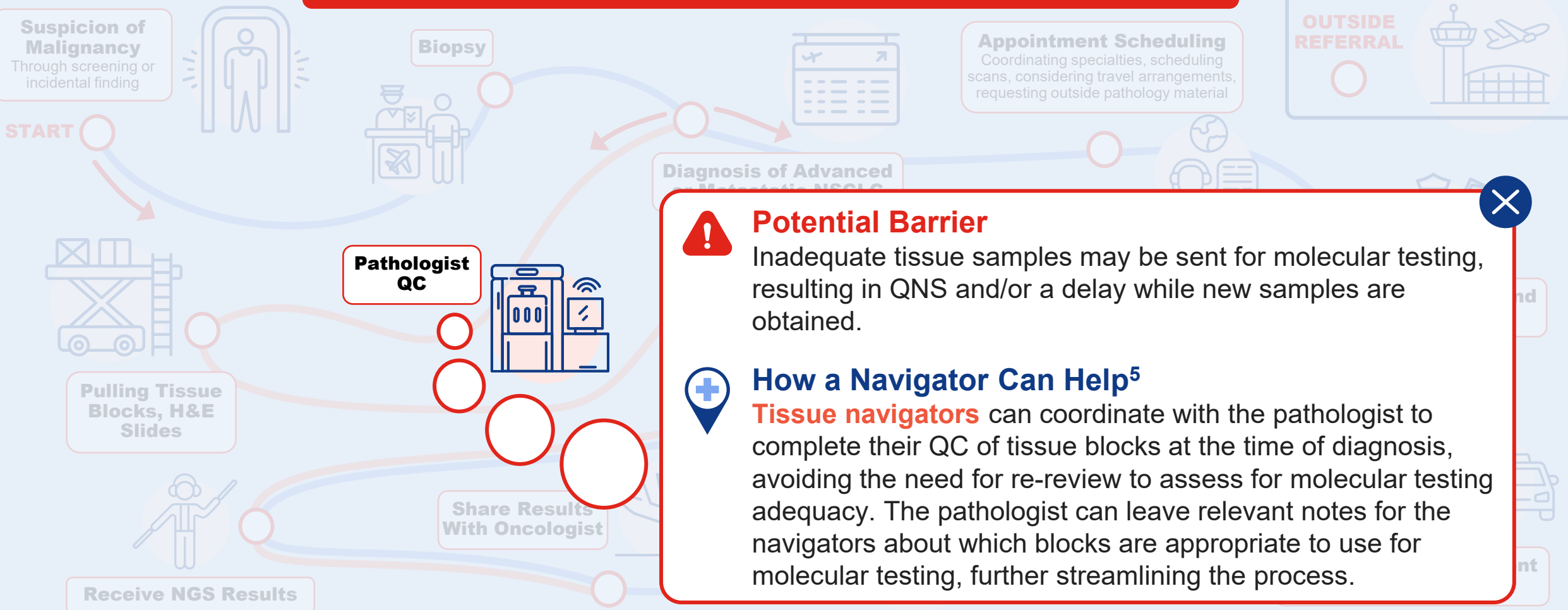
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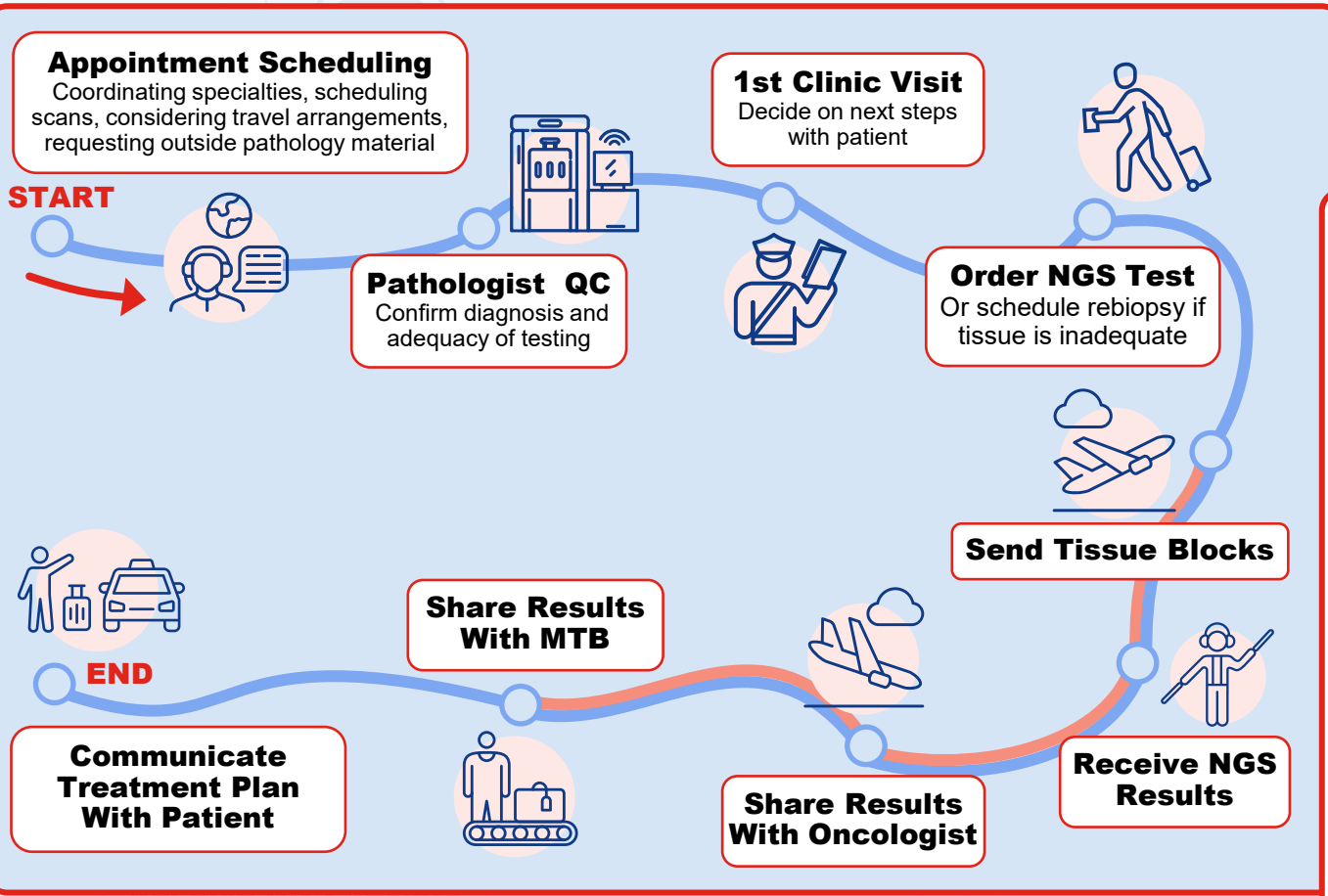




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**Potential Barrier**  
Different workflows may be needed to coordinate cases referred from outside institutions.

**How a Navigator Can Help**  
Cases referred from an outside institution may already have pathology from a diagnostic biopsy, so before the patient's first appointment, **patient navigators** coordinate transfer of patient records into the EMR and tissue to the laboratory. Upon receipt of the pathology report, diagnostic slides, and additional unstained blocks or slides from the referring institution, the **tissue navigator** coordinates confirmation of the original diagnosis and adequacy of tissue for biomarker testing by the pathologist before initiating biomarker testing.

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**Suspicion of Malignancy**  
Through screening or incidental finding



**Biopsy**



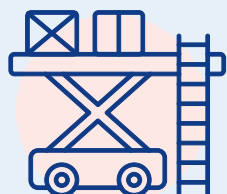
**Appointment Scheduling**

Coordinating specialties, scheduling scans, considering travel arrangements, requesting outside pathology material

**OUTSIDE REFERRAL**



START



**Pulling Tissue Blocks, H&E Slides**



## Potential Barrier

If the wrong tissue samples are sent for molecular testing, it can result in QNS and/or a delay while new samples are sent.



## How a Navigator Can Help<sup>5</sup>

**Tissue navigators** are responsible for appropriate tissue stewardship, which includes pulling tissue blocks that are adequate for molecular biomarker testing and properly preparing the samples to be shipped and tested.

**Patient Education and Consent for NGS**



Receive NGS Results



Share Results With Oncologist



Share Results With MTB



END



Communicate Treatment Plan With Patient

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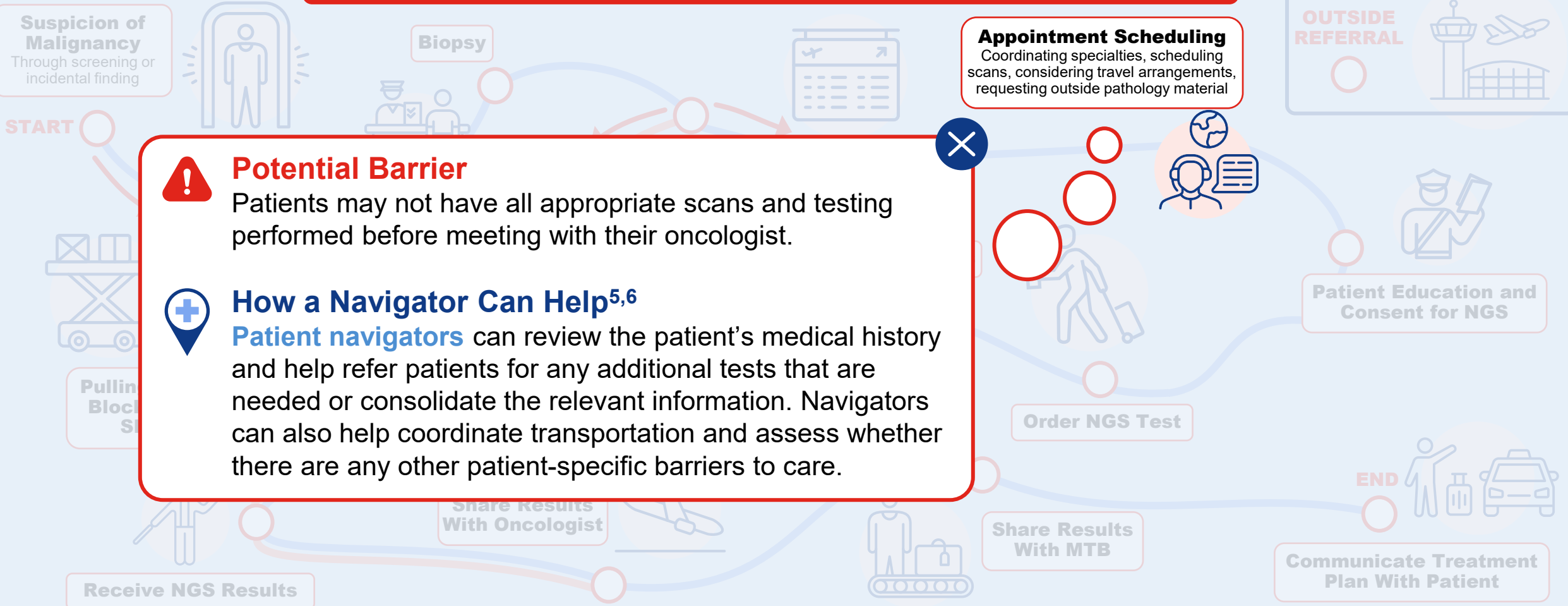
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Suspicion of Malignancy

Biopsy

Appointment Scheduling

OUTSIDE REFERRAL

## Potential Barriers

- ⚠️ Patients may not be familiar with what molecular testing is, how it affects their care, or its cost, and therefore may not feel comfortable consenting to testing.
- ⚠️ If consent for molecular testing is not received, the testing cannot be performed.
- ⚠️ If testing eligibility per insurance is not verified, billing disputes can cause delays in testing.



## How a Navigator Can Help

**Patient navigators** can help educate patients on the importance of molecular testing, notify them that their insurance will be billed, and provide them with resources for financial assistance. Although consent for testing may be included in a broader treatment consent form, the navigator can ensure that consent to testing is documented in the EMR.

**Patient navigators** can also work with the front desk employees and/or the billing department to verify that a prior authorization is submitted.



## Additional Resource

External reference laboratories can also help with consent and prior authorization.



**Patient Education and Consent for NGS**

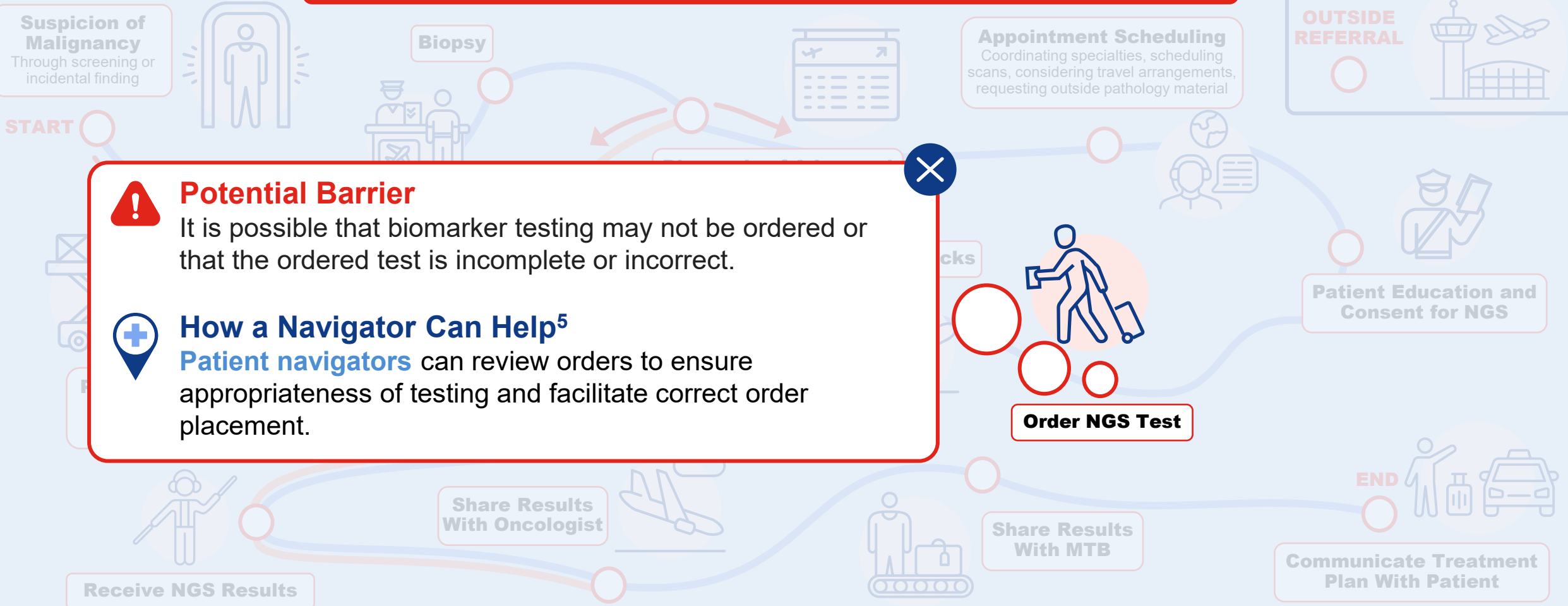


**Communicate Treatment Plan With Patient**

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Suspicion of



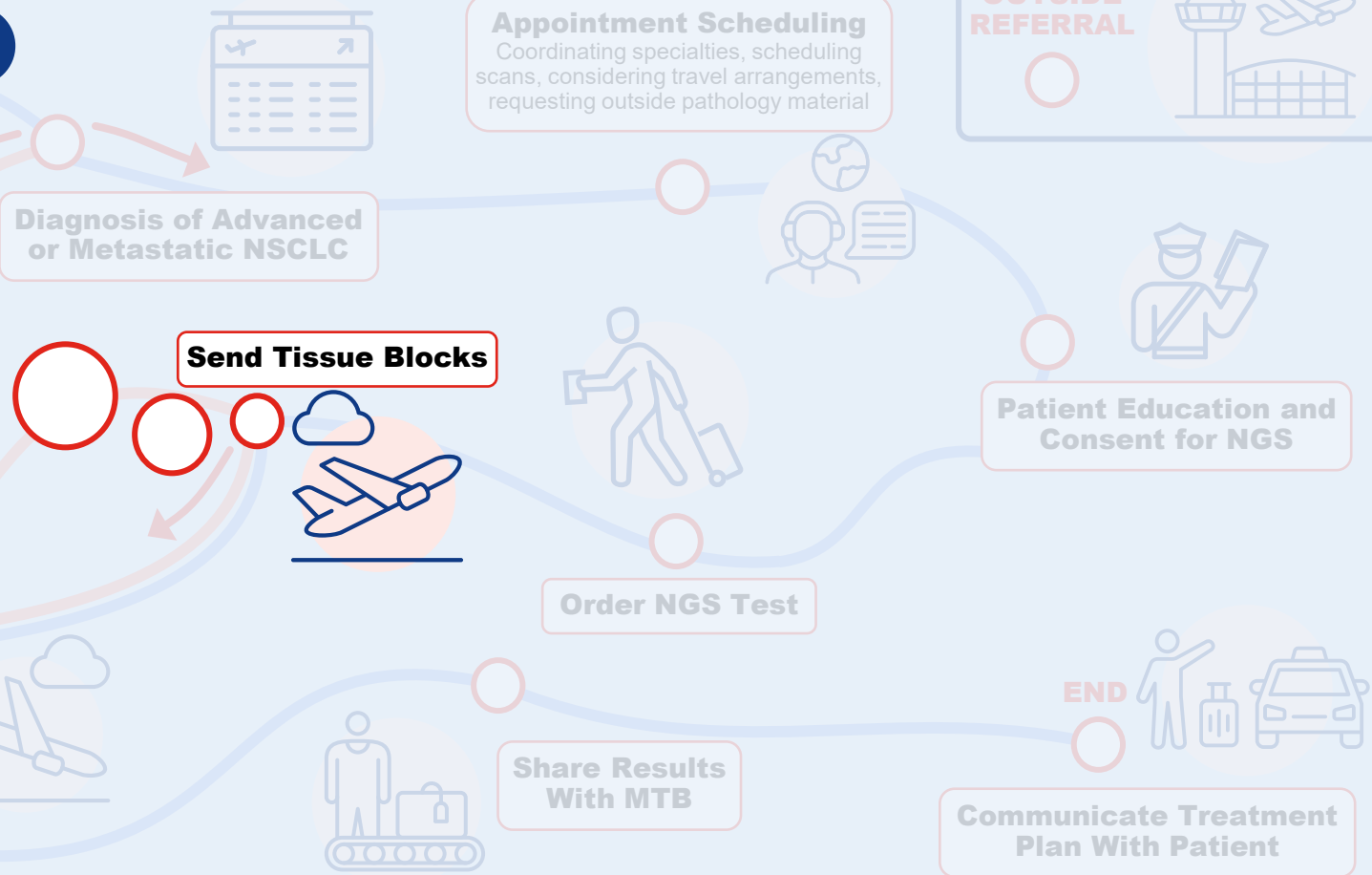
## Potential Barrier

It is possible that biomarker testing may not be ordered, or that the ordered test is incomplete or incorrect. If the wrong tissue samples are sent for the molecular tests, it can result in QNS and/or a delay while new samples are sent.



## How a Navigator Can Help<sup>5</sup>

**Tissue navigators** can submit order requisitions and promptly send the appropriate tissue sample for molecular testing. If the testing laboratory has any questions or additional needs, the **tissue navigator** can also take point on these communications to minimize delays.



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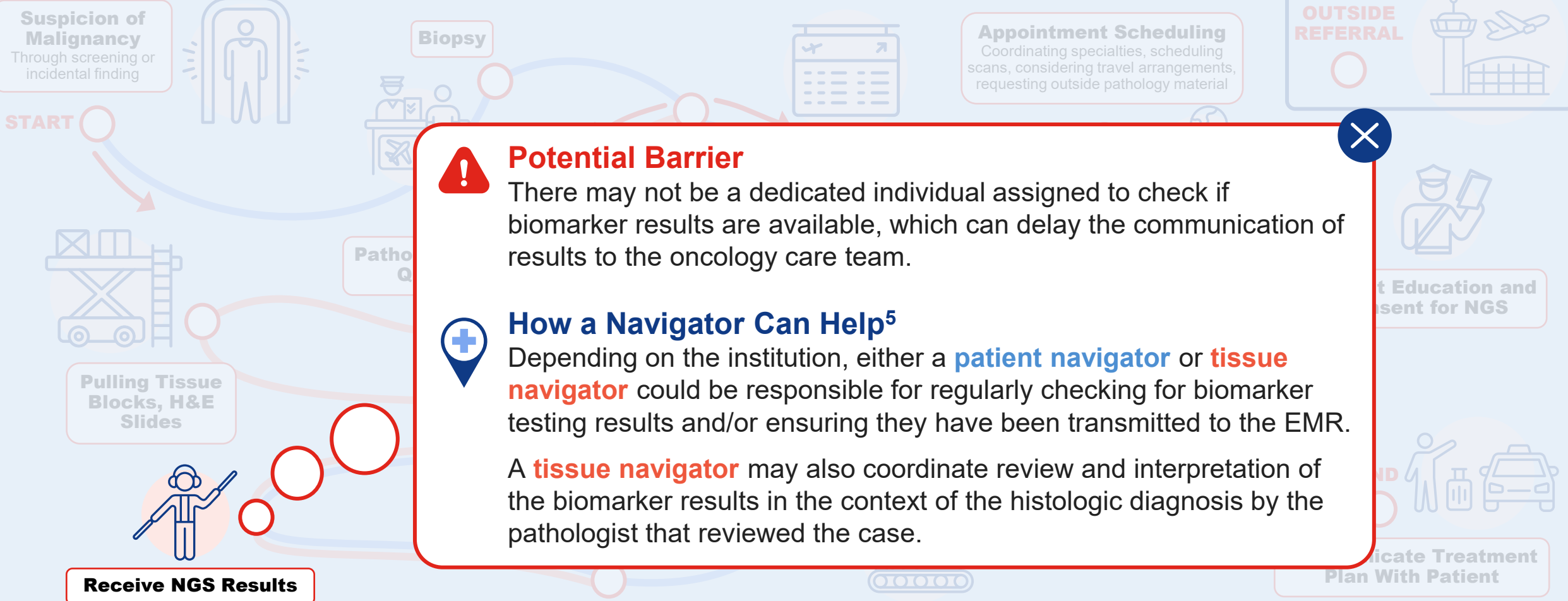
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## Potential Barrier

There may not be a dedicated individual assigned to check if biomarker results are available, which can delay the communication of results to the oncology care team.



## How a Navigator Can Help<sup>5</sup>

Depending on the institution, either a **patient navigator** or **tissue navigator** could be responsible for regularly checking for biomarker testing results and/or ensuring they have been transmitted to the EMR.

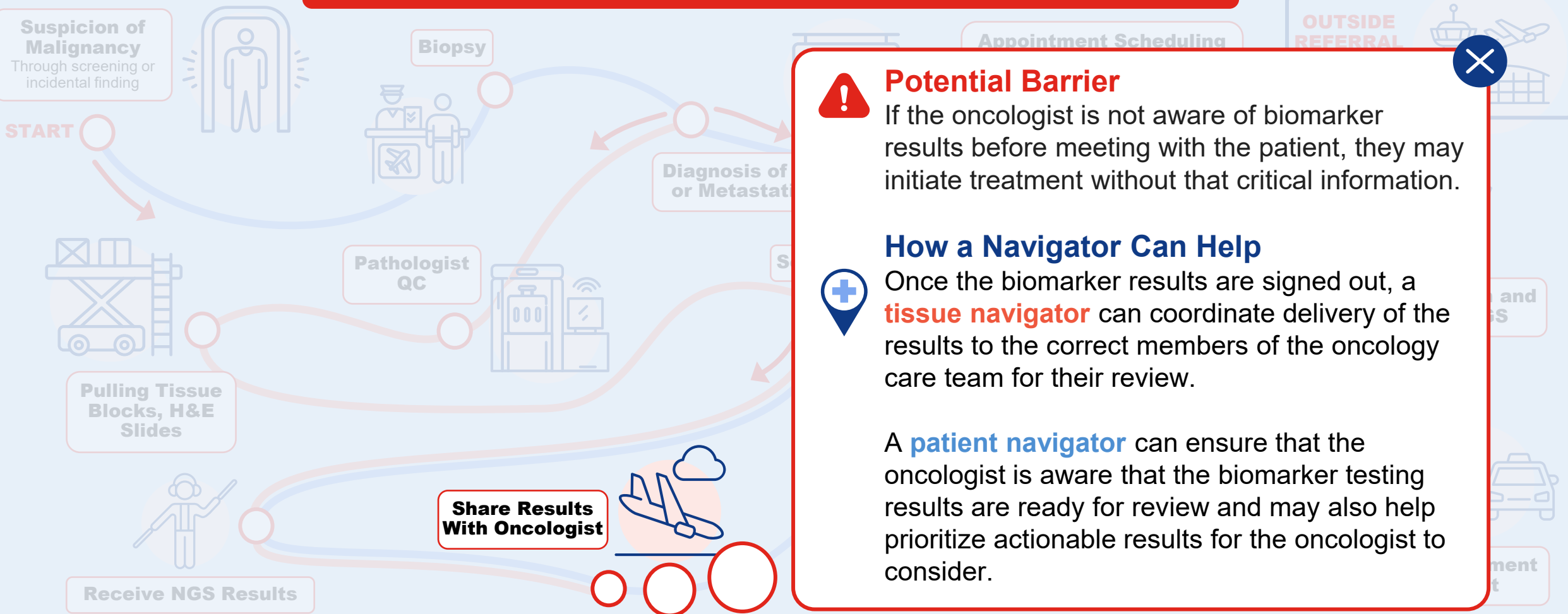
A **tissue navigator** may also coordinate review and interpretation of the biomarker results in the context of the histologic diagnosis by the pathologist that reviewed the case.

Receive NGS Results

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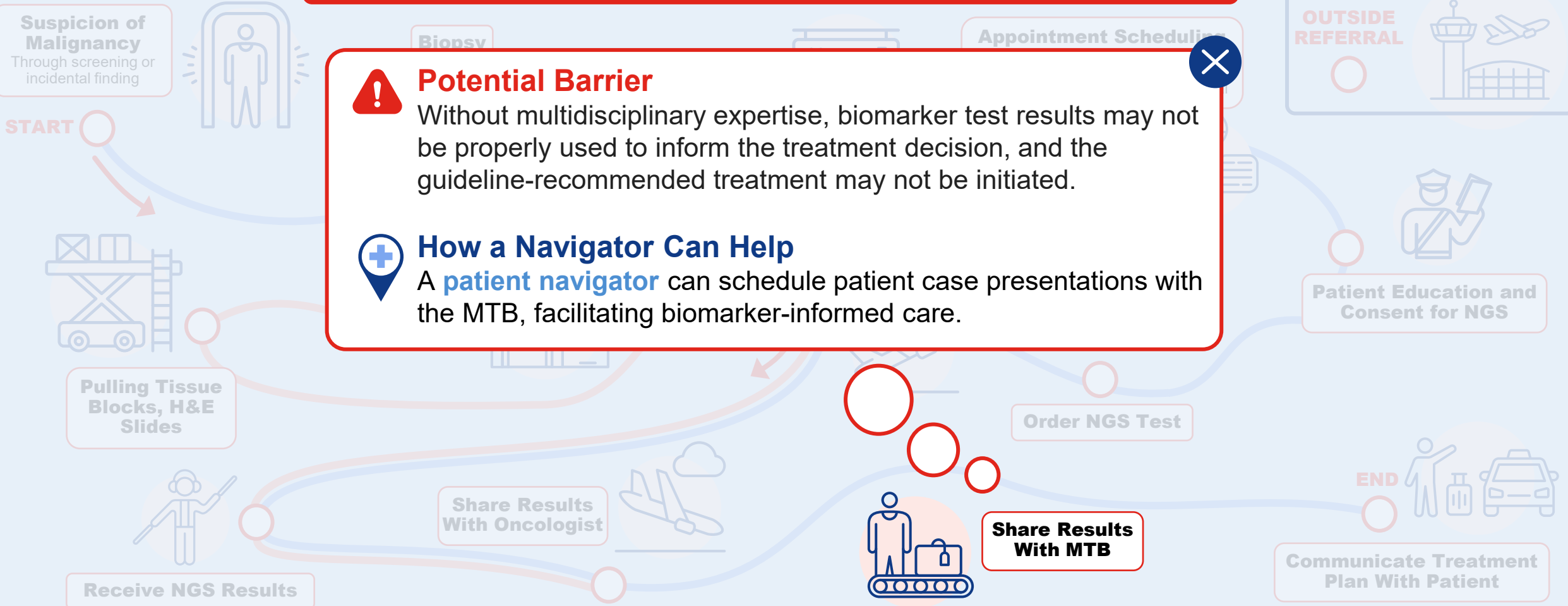
## Potential Barrier

Without multidisciplinary expertise, biomarker test results may not be properly used to inform the treatment decision, and the guideline-recommended treatment may not be initiated.



## How a Navigator Can Help

A **patient navigator** can schedule patient case presentations with the MTB, facilitating biomarker-informed care.



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1. Brown G. *JONS*. 2013;4(1). 2. El Camino Health. Accessed November 11, 2024. <https://www.elcaminohealth.org/services/pulmonary-health/specialty-programs/lung-nodule-program#> 3. Saulet D, Wisner K. Accessed November 11, 2024. <https://www.advisory.com/topics/oncology/2018/09/how-ohiohealth-standardized-navigation> 4. The Lung Ambition Alliance and Academy of Oncology Nurse & Patient Navigators. Accessed November 11, 2024. <https://www.jons-online.com/images/JONS/downloads/Lung-Cancer-Navigator-Patient-Roadmap.pdf> 5. Pineault L, et al. Accessed November 11, 2024. <https://criticalvalues.org/news/item/2024/04/11/ascp-explores-innovative-cancer-biomarker-testing-navigator-role> 6. Tapia M, Campos, D. *JONS*. 2020;11(2).

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# The Need for Navigators Across the Advanced or Metastatic NSCLC Journey

The care journey for patients diagnosed with advanced or metastatic NSCLC can be difficult to navigate for both patients and their care teams. As precision medicine evolves with increasing numbers of biomarker tests and treatment options, so does the need for coordinating multidisciplinary care in a complex health system. Establishing navigator positions at your institution may help streamline this journey, ensuring both the patient and their biomarker results arrive where they are needed when they are needed.

Click on any of the stops along the journey to learn more about how different navigator roles may be able to solve and prevent potential challenges and barriers and improve patient care.

## Suspicion of Malignancy

Through screening or incidental finding

START

## Biopsy

## Appointment Scheduling

Coordinating specialties, scheduling scans, considering travel arrangements, requesting outside pathology mat

## OUTSIDE REFERRAL

## Pulling Tissue Blocks, H&E Slides

## Receive NGS Results



### Potential Barrier

Treatment plans can be complex, and if patients do not understand theirs, they may not initiate the recommended therapy.



### How a Navigator Can Help

To this point, navigators have worked to ensure that biomarker results are available and reviewed in a timely manner to ensure a biomarker-informed decision is made for the patient's treatment.

**Patient navigators** can then attend the meeting between the patient and the oncologist to hear all the relevant information needed to coordinate next steps and provide extra support to ensure the patient understands and is comfortable with the treatment plan.

## Patient Education and Consent for NGS

## Communicate Treatment Plan With Patient

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