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BLOODPAC Publishes Roadmap for Ensuring Patient Access to Liquid Biopsy Tests

Published in JCO Precision Oncology, paper identifies unique access challenges and opportunities to address cancer disparities with growing use of the technology

CHICAGO – The Blood Profiling Atlas in Cancer Consortium (BLOODPAC) announced today the publication of a new paper, “Recommendations for the Equitable and Widespread Implementation of Liquid Biopsy for Cancer Care” in the January issue of *JCO Precision Oncology*.

The article centers on a key challenge for liquid biopsy – accessibility. Liquid biopsy tests have the potential to reduce health inequities in cancer care by making screening, therapy selection, and post-treatment monitoring less burdensome and invasive for patients and health professionals. The authors of the article, members of BLOODPAC’s accessibility working group, provide an overview of barriers to adoption and recommend specific actions to ensure equitable access to all patients.

“Innovation in diagnostic technologies is critical to improving the speed of diagnosis, the selection of targeted treatments, and monitoring for treatment effects,” said Robert Dumanois, Director of Reimbursement Strategy at Thermo Fisher Scientific and one of the authors on the publication. “But we must be intentional and collaborative to ensure that the liquid biopsy doesn’t help some patients, while leaving others behind.”

Existing disparities in the cancer care continuum are well-known and widespread, including screening, diagnosis, and access to newer therapies. In the aftermath of COVID-19, during which an estimated 9.5 million Americans missing regular screenings, disparities are likely to hit already-vulnerable communities the hardest.

Within that care continuum, the authors noted that disparities in the use of liquid biopsy are already emerging. A recent study reported that the use of genomic profiling was 10% lower in Black patients when compared to White patients in the U.S.¹ In addition to helping match patients to targeted cancer therapies, liquid biopsy holds significant potential in reducing gaps in early detection. Most screening protocols require patients to have consistent access to healthcare professionals for what can be a costly, painful or invasive procedure, requiring indirect costs such as taking time off work, arranging for transportation, and childcare. These logistical barriers translate into lower screening rates within underserved communities.

The paper maps out key challenges to be addressed, including provider education, payer coverage, and systemic barriers for patients within underserved communities including discrimination, mistrust in the medical system, and unfamiliarity with terminology. The recommendations from BLOODPAC for addressing these challenges included:

1. Bruno, D. S. *et al.* Racial disparities in biomarker testing and clinical trial enrollment in non-small cell lung cancer (NSCLC). *Journal of Clinical Oncology* **39**, 9005–9005 (2021).

- **Evidence:** Authors highlighted the need for more evidence generation to demonstrate the benefits to patients and population-wide outcomes. A key component for generating strong evidence is ensuring diversity in clinical trials.
- **Education:** Authors outlined the need for education of both patients and their healthcare providers, to ensure familiarity with how liquid biopsy works, and when use is appropriate.
- **Coverage:** The paper noted the importance of clear, concise descriptions around how health plans cover these types of tests, to ensure health coverage does not hinder patient access to appropriate care.

“Theoretically, the potential for liquid biopsies to improve health care access is immense. In practice, we are at a fork in the road: these assays can either deepen or decrease disparities, depending on how successful the community is in addressing accessibility barriers,” said Lauren Leiman, Executive Director of BLOODPAC. “We hope that our recommendations will serve as a roadmap for the community and foster innovative approaches to implementation of liquid biopsy in cancer care.”

About the Blood Profiling Atlas in Cancer (BLOODPAC)

The Blood Profiling Atlas in Cancer (BLOODPAC) is focused on accelerating the development and validation of liquid biopsy assays to improve the outcomes of patients with cancer. BLOODPAC is a nonprofit consortium managed by the Center for Computational Science Research, Inc. (CCSR), which is an Illinois-based not-for-profit corporation. Today, over thirty organizations have pledged support by contributing liquid biopsy data, protocols, and expertise into an open data commons.

BLOODPAC participants include: Adela, American Cancer Society, Arkansas Bioinformatics Consortium (AR-BIC), Association for Molecular Pathology (AMP), AstraZeneca, Bio-Rad Laboratories, Breast Cancer Research Foundation, Bristol Myers Squibb, C2i Genomics, Center for Translational Data Science at the University of Chicago, Center for Genetic Medicine Research at Children’s National Medical Center, Ceres Nanoscience, College of American Pathologists (CAP), Cordance Medical, Daiichi Sankyo, Delfi Diagnostics, Eli Lilly and Company, Exact Sciences, Focused Ultrasound Foundation, Foundation Medicine, Freenome, Friends of Cancer Research, Genece, GlaxoSmithKline, GRAIL, Guardant Health, Horizon Discovery Ltd, Illumina, LGC/Seracare, LUNGeVity Foundation, Massachusetts General Hospital, Memorial Sloan Kettering Cancer Center, Merck, Movember Foundation, National Cancer Institute (NCI), Novartis, OncoRNA Lab at Ghent University, Open Commons Consortium (OCC), Personal Genome Diagnostics, Personalis, Pfizer, PreAnalytiX, Prostate Cancer Foundation (PCF), the Prostate Cancer Clinical Trials Consortium (PCCC), Quest Diagnostics, Streck, Sysmex Inostics, Tempus Labs, Thermo Fisher Scientific, University of Southern California, US Department of Veterans Affairs, and Windber Research Institute.

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