

Transcript Details

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Integrating MCED Testing in Practice: Best Practices for Enhancing Cancer Screening

Announcer:

You're listening to *Project Oncology* on ReachMD, and this episode is sponsored by Exact Sciences. Here's your host, Dr. Brian McDonough.

Dr. McDonough:

Welcome to *Project Oncology* on ReachMD. I'm Dr. Brian McDonough, and joining me to examine how we can integrate multi-cancer early detection, or MCED, testing, into clinical practice is Dr. Mylynda Massart. Not only is she a board-certified family medicine physician and an Associate Professor at the University of Pittsburgh School of Medicine, but she's also the Founder and Medical Director of the Primary Care Precision Medicine Clinic and Associate Director of Clinical Services for the Institute for Precision Medicine at the University of Pittsburgh Medical Center. Dr. Massart, thanks for being here today.

Dr. Massart:

Thank you for having me, Brian.

Dr. McDonough:

To start off, Dr. Massart, can you explain how MCED testing works and what makes it different from traditional single cancer screening tools?

Dr. Massart:

Yeah, so multi-cancer early detection works by looking at a set of biomarkers in the blood. And so this test is traditionally performed through a single blood draw, and then that is analyzed for various different biomarkers or elements and cell-free DNA fragments in the blood that essentially represent a universal cancer signal and tells us, as the treating clinician, that somewhere in our patient's body a cancer process is developing.

The goal of this is really to be able to transition how we have historically thought about cancer screening, which has really been single organ or one organ at a time, to actually looking at many different cancers at a time.

Our gold standard screening tests, which are single organ at a time, really have a focus on a very high sensitivity because we don't want to miss a single cancer in any of those screening activities. But when we think about multi-cancer, we can really focus on a high specificity and focus on not having too many false positives to deal with—really finding that shared cancer signal that can tell us that we need to be looking more deeply and at many more different types of cancers than the five that we commonly screen for now.

Dr. McDonough:

Now, how should clinicians view MCED testing in relation to existing guideline-recommended screenings like mammography or colonoscopy?

Dr. Massart:

Yeah, that's a really important question. Right now, we really need to think about multi-cancer early detection as complementing our current gold standard screening. Many of us follow the USPSTF screening guidelines, and that is really best practices and need to be continued because once again, that single-organ screening has the highest sensitivity—that's how that screening was designed.

But multi-cancer early detection can be added to our patients' screening regimen and be really individualized to complement and supplement the current screening that we have. Because as we know, what we are able to screen for is currently highly limited, and many of us are concerned about and at risk for developing many other types of cancers.

Dr. McDonough:

For those just tuning in, you're listening to *Project Oncology* on ReachMD. I'm Dr. Brian McDonough, and I'm speaking with Dr. Mylynda Massart about MCED testing and how it can complement existing preventive health protocols.

So, Dr. Massart, now that we have a better understanding of what MCED testing is and how it works, let's shift over to practical considerations for those tests. Can you walk us through a few patient scenarios where MCED testing might offer additional clinical value?

Dr. Massart:

Yes. So I start thinking about multi-cancer early detection testing with my patients who traditionally meet what we call "high risk" for cancer. And that can be by just definition of age alone—for everyone over the age of 50, the risk for cancer increases dramatically—or for many other risk factors that folks might have based on their family history, their environmental exposures, or even their prior history of a cancer themselves.

And so with those patients, I normally offer consideration of multi-cancer early detection in addition to those gold standard guideline-driven screening tests. And I normally mention this either at annual wellness visits, new patient visits, or anytime we're just talking and cancer happens to come up, whether it's a new family member diagnosed or just an ongoing concern.

Dr. McDonough:

How might the availability of MCED testing impact conversations with patients about cancer prevention?

Dr. Massart:

So it's really interesting. It's been a tremendous opportunity to talk about and get patients more engaged and invested in general in their cancer screening. When I bring up this new emerging technology, patients get really excited about that. They love hearing how science is evolving and how we're using that to hopefully improve how we care for patients through medicine, and so I find that this really engages patients in the cancer screening discussion. And oftentimes many of them have actually improved their adherence to the guideline-driven screening even if they don't choose to go on and have multi-cancer early detection done.

Dr. McDonough:

So given those potential impacts, how can we best integrate MCED testing into patient visits?

Dr. Massart:

Our job as family medicine and primary care clinicians is to talk about cancer screening to our patients, inform them of the guidelines and what they are currently eligible for and why that's important, as well as informing them about these new emerging technologies and the opportunity to individualize their cancer screening and add this in, if indicated.

In particular, because I do run this Primary Care Precision Medicine Clinic, I do see a lot of patients with the increased risk for developing cancer based on a genetic predisposition. And this has been very exciting for that population to think about even added technology we can now put into place to help support screening and catching cancer as early as possible.

Dr. McDonough:

Finally, Dr. Massart, if we look ahead for a moment, what role do you see MCED tests playing in the future of cancer prevention?

Dr. Massart:

In the future, I really hope that we will be able to see patients equitably access cancer screening across the board, that emerging technologies will be included in addition to our gold standard routine screening guideline-driven care, and that we will start thinking about this kind of very transformative paradigm shift to screen for more than one cancer at once, instead of continually adding single-organ screening while maximizing the highest sensitivity screening, but also giving all of our patients an opportunity to catch all types of cancer early where we really hope there are more treatment opportunities and can really individualize this in individual patients' life goals and health goals.

Dr. McDonough:

With those final thoughts in mind, I want to thank my guest, Dr. Mylynda Massart, for joining me to share her perspective on how multi-cancer early detection testing can complement our current cancer screening guidelines. Dr. Massart, it was wonderful having you on the program.

Dr. Massart:

Thank you for having me.

Announcer:

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