

**From:** [Richard Lanman](#)  
**To:** [Submissions](#)  
**Cc:** [Gregory Kris](#)  
**Subject:** Amended Submission Request to NCCN NSCLC Panel  
**Date:** Thursday, October 11, 2018 5:48:27 PM  
**Attachments:** [Aggarwal \(Carpenter\) et al. 2018 Clinical Implications of Plasma-Based Genotyping With the Delivery of Personalized Therapy in Metastatic Non-Small Cell Lung Cancer JAMA Oncology.pdf](#)  
[Gyawali and West 2018 EDITORIAL Plasma vs Tissue Next-Generation Sequencing in Non-Small Cell Lung Cancer—Either, Both, or Neither JAMA Oncology .pdf](#)

---

Dear Kris and NCCN team,

Given today's publication in JAMA Oncology of the University of Pennsylvania's prospective study of 311 advanced NSCLC patients, we would like to amend our request to you, which was submitted on Sept. 23. This is our 21<sup>st</sup> outcomes study utilizing Guardant360 in advanced NSCLC.

In the attached publication the authors stated: "Altogether in our study, adding plasma NGS to tissue NGS increased detection of therapeutically targetable mutations from 47 of 229 patients (20.5%) to 82 (35.8%)."

Most of this gain was in the plasma testing only patients, but even in the subgroup where both tissue NGS and plasma NGS were available, adding plasma testing raised the targetable gene detection rate from 36.7% to 43.0%.

Also, 85.7% who received plasma next-generation sequencing--indicated therapy achieved a complete or a partial response or stable disease.

Therefore, we would like to amend our request to the NCCN NSCLC guidelines committee, to consider the following:

Modify NSCL-17 footnote gg "if repeat biopsy is not feasible, then plasma biopsy should be considered" by changing it to:

"A well-validated<sup>1,2</sup> plasma test should be considered for broad molecular profiling. Tissue should be preserved to prioritize accurate histopathological diagnosis and PD-L1 testing."

1. Aggarwal C, Thompson JC, Black TA, et al: Clinical Implications of Plasma-Based Genotyping With the Delivery of Personalized Therapy in Metastatic Non-Small Cell Lung Cancer. JAMA Oncol doi:10.1001/jamaoncol.2018.4305
2. Odegaard JI, Vincent JJ, Mortimer S, et al: Validation of a Plasma-Based Comprehensive Cancer Genotyping Assay Utilizing Orthogonal Tissue- and Plasma-Based Methodologies. Clin Cancer Res Off J Am Assoc Cancer Res 24:3539-3549, 2018

And we would make the same request for the footnotes to incorporate plasma testing at progression in NSCL-19 to NSCL-25.

Thank you for considering this late addition. We think many, many NSCLC patients could benefit from this approach.

Regards,

*Rick*

**Rick Lanman MD**

Chief Medical Officer

mobile: +1 650.776.9111

rlanman@guardanthealth.com

**GUARDANTHEALTH**

[Latest Guardant Health News](#)

This message may contain confidential or privileged information. If you are not the intended recipient, please advise the sender immediately by reply email and delete this message and any attachments without retaining a copy. Reviewing, disclosing, distributing, or using the contents of this message is strictly prohibited if you are not the intended recipient. Guardant Health, Inc. prohibits users of our system from sending any e-mail containing anything defamatory, improper or discriminatory.