As the molecular genotypes of NSCLC expands, treatment strategies are changing:

- **EGFR**
- **KRAS** mutations only
- **ALK**
- **BRAF**

and subsequent lines

**Annals of oncology** (2016)

Lancet Oncology with outcomes greatly improved.

If platinum doublet chemotherapy was arbitrarily given, the initial treatment would have been sub-optimal for almost 20% of patients. Additionally, there had been tissue-based testing being used, treatment would have been delayed while awaiting results. In some cases, repeat biopsy attempts would have been required to obtain sufficient tissue for testing.

**Patient Reasons for Not Testing All Lung Cancer Patients Included, Without Physician Reasons.**

<table>
<thead>
<tr>
<th>Mutation Detection</th>
<th>Number of Patients</th>
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**REFERENCES**


[12] The fast TAT results also ensure patient mutation status is known prior to their first oncology visit, possibly eliminating sub-optimal treatment initiation or delays in treatment.

[13] Patients are able to have mutation results in hand at their first oncology visit, resulting in rapid and optimal treatment decisions.

Blood-based mutation testing with GenStrat optimized and individualized treatment, finding an actionable mutation in one out of five patients with NSCLC at our institution, without the need for repeat tissue biopsies.