Background

The 31-gene expression profile (31-GEP) test for cutaneous melanoma (CM) assesses gene expression measurements from formalin-fixed paraffin-embedded primary tumor tissue to predict risk of tumor recurrence or metastasis. The 31-GEP stratifies risk into one of three risk categories: low risk (Class 1A), intermediate risk (Class 1B/2A), and high risk (Class 2B) and has been validated in multiple prospective and retrospective studies.1-7

Objective

Understand patients’ perspectives on prognostic and 31-GEP testing and whether patients experience decision regret after having 31-GEP testing performed.

Methods

A 43-question online survey was distributed by the Melanoma Research Foundation from June 14, 2021, through August 2, 2021. Patients were asked a series of five validated questions that gauge patients’ level of regret regarding the decision to undergo 31-GEP testing and the extent to which they experienced decision regret, which was scored on a scale of 1-5, 1 being no regret, 5 being high regret, and 3 neutral. Responses were limited to those self-reporting a melanoma diagnosis in or after 2014 (n=120), at which time 31-GEP prognostic testing became available.

Results

Respondents who received 31-GEP testing were asked what factors impacted their decision to get 31-GEP testing. Respondents were allowed to select all choices that applied. The percent of respondents who selected a particular reason are shown. Internally driven choices are indicated in blue; externally driven choices are indicated in orange.

Respondents who received 31-GEP testing were asked whether they felt that the results were useful. The graph indicates the number of respondents who chose a particular choice and their reported 31-GEP test class. Most patients thought the 31-GEP was at least somewhat useful.

Respondents who received 31-GEP testing (n=24 responses) answered whether they felt that the results were useful. The graph indicates the number of respondents who chose a particular choice and their reported 31-GEP test class. Most patients thought the 31-GEP was at least somewhat useful.

Respondents who received 31-GEP testing were asked how they benefitted from their 31-GEP test results. Respondents were first asked to select all the benefits they felt they gained (select as many responses as applied), and the percent of respondents that selected a given choice are shown.

Respondents who received 31-GEP testing were asked if they wanted prognostic information about their tumor at the time of diagnosis. Most respondents, whether they received 31-GEP or not, desired prognostic testing about their tumor.

Participants who received 31-GEP testing felt that the results were useful to them. Testing gave them increased knowledge, relief from uncertainty, personalized treatment options, and information for life planning.

Conclusions

90% of patients wanted prognostic information about their tumors at the time of diagnosis.

Patients wanted 31-GEP testing to increase their knowledge about their disease (76.9%) and inform treatment decisions (46.2%).

Patients (>90%) felt 31-GEP testing was useful and felt they gained understanding (60.7%) and relief from uncertainty (59.3%).

Patients receiving 31-GEP results did not experience decision regret, even among patients who had Class 2, high-risk tumors.

References


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