

# Clinical Utility of the 31-Gene Expression Profile Test on the Management of Cutaneous Melanoma by Nurse Practitioners and Physician Assistants

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## 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 tumor recurrence or metastasis risk.
- The 31-GEP returns a continuous probability score between zero and one to stratify risk into one of three risk categories: lowest (Class 1A; 0-0.41), intermediate (Class 1B/2A; 0.42-0.58), and highest (Class 2B; 0.59-1) and has been validated in multiple prospective and retrospective studies.<sup>1-14</sup>

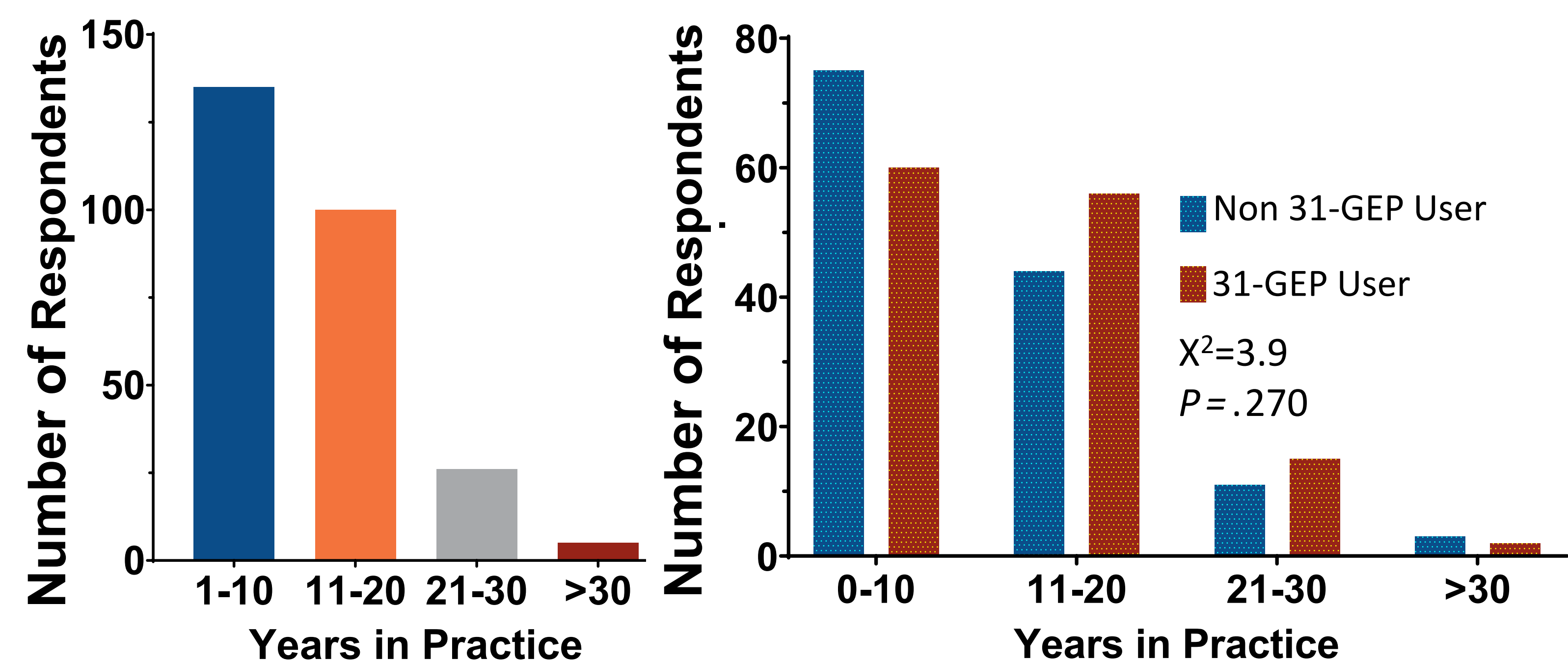
## OBJECTIVE

Understand the clinical use of the 31-GEP test specifically by nurse practitioners and physician assistants (NP/PAs).

## METHODS

During 2020, an IRB approved 20-question survey study was conducted during two national dermatology conferences, one included physicians and NP/PA's and one was limited to NP/PA's. The survey was designed to assess the attitudes of NP/PAs towards prognostic testing of CM, and specifically, about the 31-GEP test. Participation was voluntary, not associated with additional data presentation, and respondents received modest remuneration. The data presented here are for participants that self-identified as NP/PAs (n=266/711 participants). Half of the participants (n=133) reported using the 31-GEP within the previous year (31-GEP user).

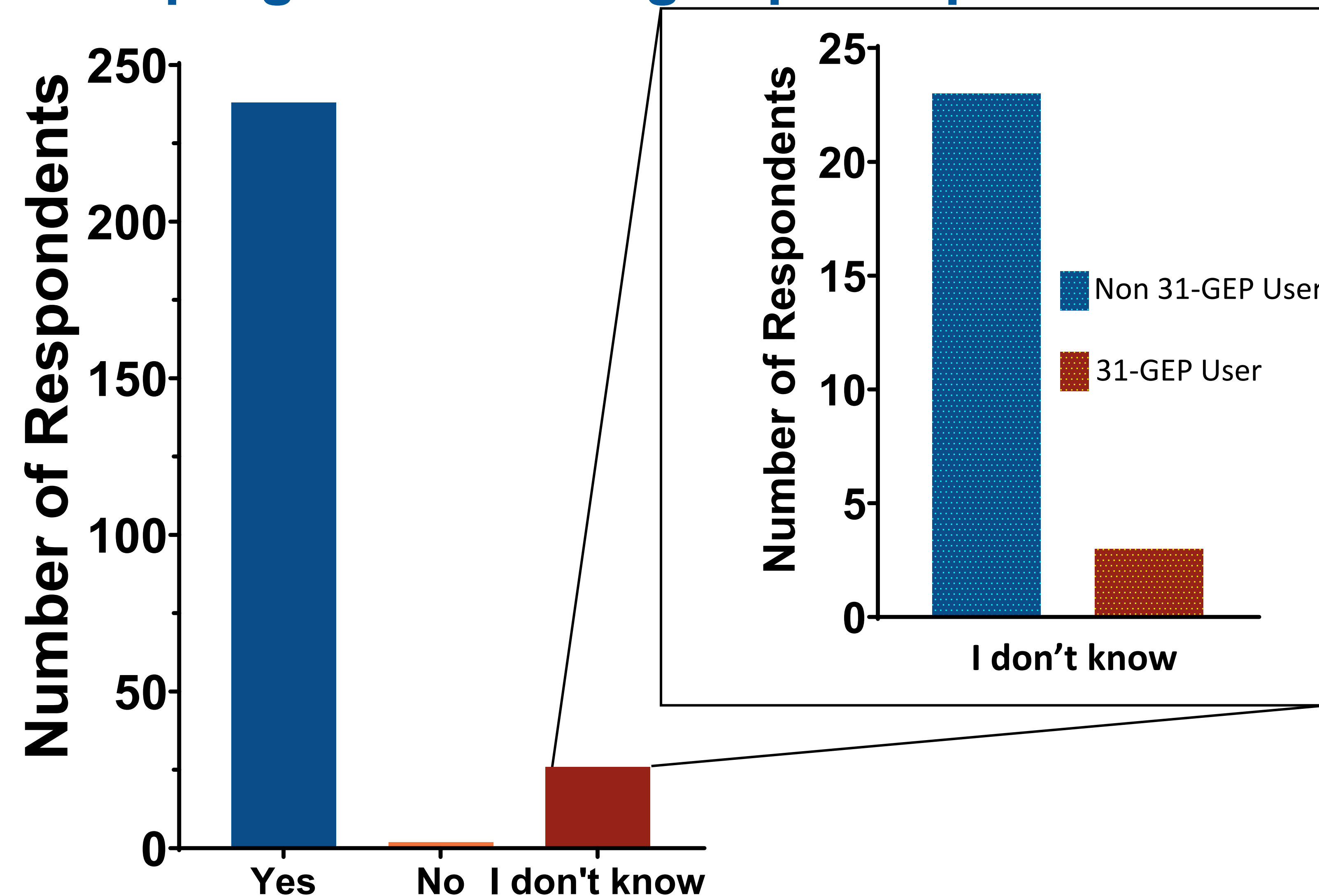
## RESULTS



**Figure 1.** Most NP/PAs reported being in practice between 0-10 years. More experienced practitioners (>10 years), tended to report using the 31-GEP compared to those in practice ≤10 years (inset).

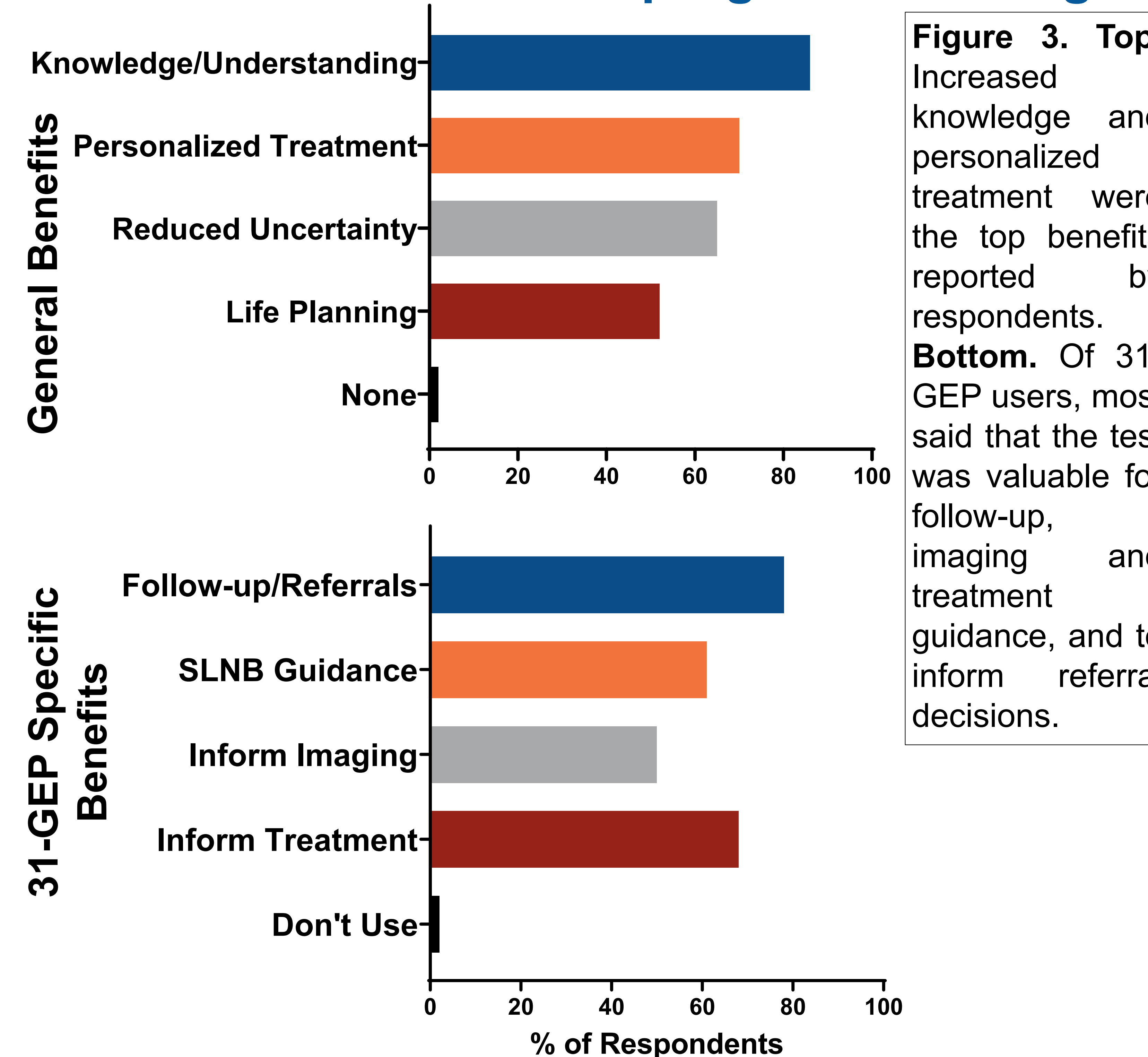
## RESULTS

### Does prognostic testing improve patient care?

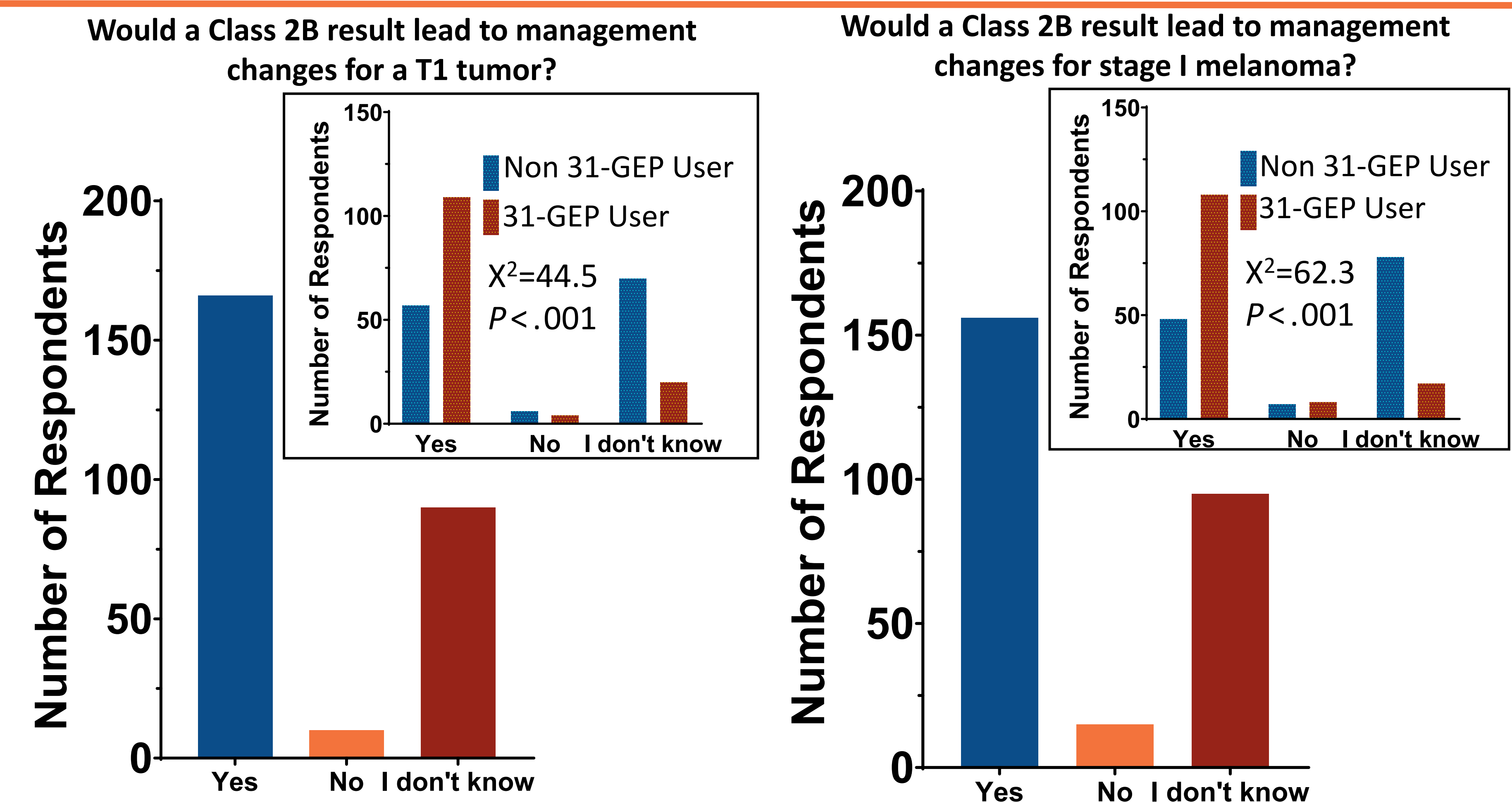


**Figure 2.** Most NP/PAs responded that prognostic testing was beneficial for patient care. Of NP/PAs that answered, 'did not know', most were not users of the 31-GEP test (box inset).

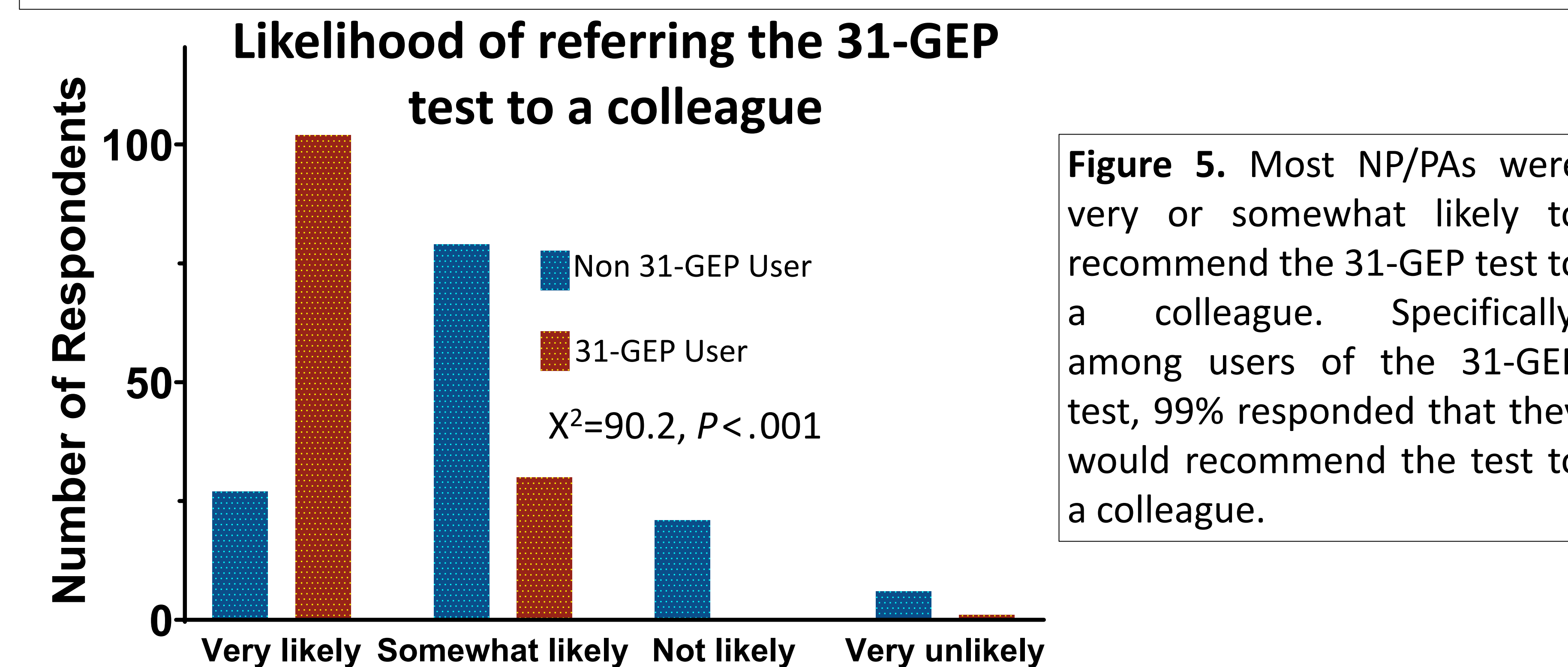
### What are the benefits of prognostic testing?



**Figure 3. Top.** Increased knowledge and personalized treatment were the top benefits reported by respondents. **Bottom.** Of 31-GEP users, most said that the test was valuable for follow-up, imaging and treatment guidance, and to inform referral decisions.



**Figure 4.** Number of respondents who would alter patient management for a T1 tumor (left) or stage I melanoma (right) that received a high risk 31-GEP Class 2B result. Insets reflect the number of respondents who would change management based on whether they use the 31-GEP test.



**Figure 5.** Most NP/PAs were very or somewhat likely to recommend the 31-GEP test to a colleague. Specifically, among users of the 31-GEP test, 99% responded that they would recommend the test to a colleague.

## CONCLUSIONS

- 99% of 31-GEP users would recommend the test to a colleague.
- 89% of NP/PAs responded that prognostic testing, particularly the 31-GEP, could improve patient care
- Most 31-GEP test users would consider patient management changes for patients with a T1 tumor (82%) or stage I melanoma (81%) that received a Class 2B result.

## REFERENCES, FUNDING & DISCLOSURES

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