



Cancer Genomics Improvement Programme (CGIP)

November 2025

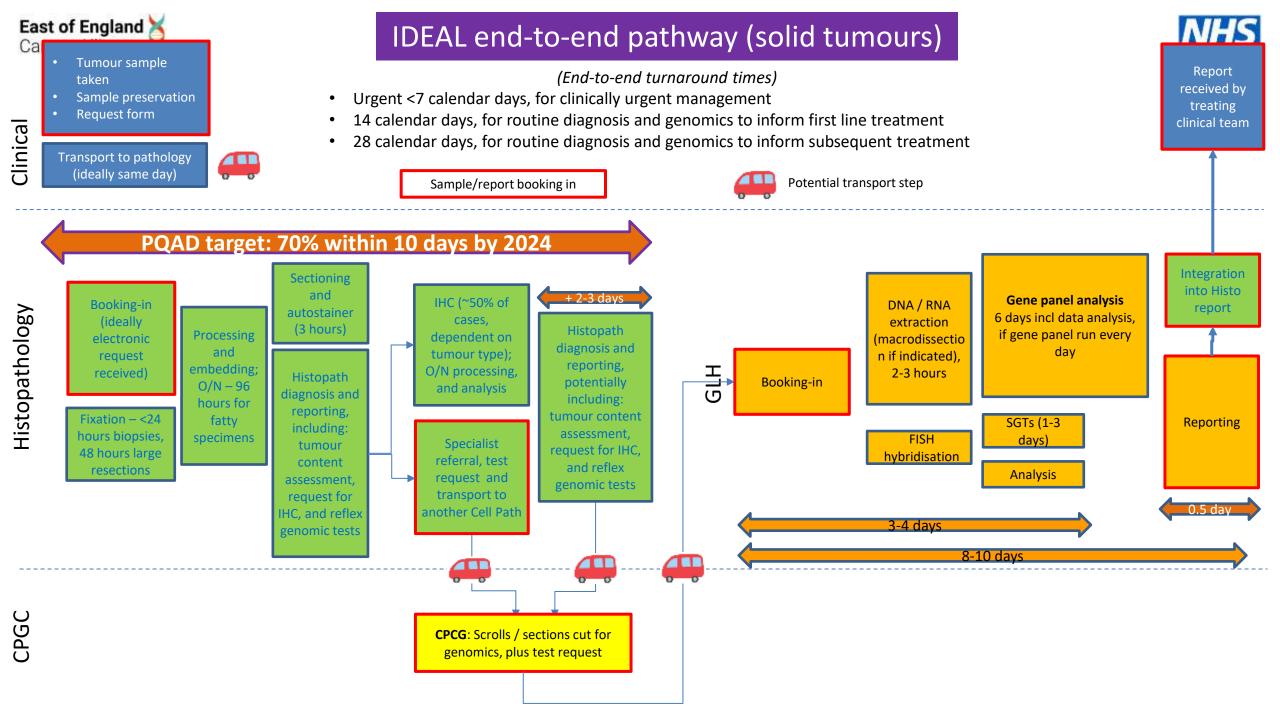
Turnaround time for Non-Small Cell Lung Cancer Pathways

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This file is not for wider sharing beyond currently beyond those directly involved. This pack contains sensitive management information and data limitations.







Methodology

- Data from up to 30 patients who had genomic testing for Non-Small Cell Lung
 Cancer between 1 June 2024 and 31 August 2024
- Pre-genomic (histopathology) → genomic testing → Post-genomic (histopathology)
- 93% return rate from pathology sites across GMSA



Initial Regional Data Overview – East GMSA



East GMSA	N=288	Mean	Median	Mode
Transport to pathology lab		0.4	0	0
Pathology processing	Arrived to booked in Booked in to post prep Prepped to first report First report to genomic request Genomic request to sent	0.22.75.56.92.8	0 2 4 0 1	0 1 1 0 0
Pathology to Genomics		1.4	1	1
Genomics processing	Arrival to NGS report	9.9	10	13
Genomics to pathology		0.9	0	0
Pathology receipt to clinicians	Receipt to upload to LIMs Integration to final report Final report read by clinicians	1.5 4.1 14	0 0 14	0 0 0
Total TAT	Available Read	41.1 45.3	26 39	27 35





Outputs

Reflex Testing (requesting genomic testing once a diagnosis of cancer is made)

> Address unwarranted variation in reflex genomic testing

Collaboration and Oversight

Work with NHS England & Pathology networks to review Pathology challenges:
 Cellular Pathology Genomic Centres and Immunohistochemistry testing

Local Trust Initiatives

With report: encourage local teams to review their pathology pathways

Data and Transparency

▷ Developing a genomic dashboard for the East Genomic Medicine Service Alliance





Acknowledgements and Key Contacts

We wish to say a huge thank you to all of those who helped with this large data collection. The results will alter patient pathways and improve overall care.

- Dr Emily Scott, Clinical Oncologist and Project Lead for CGIP, East GMSA emily.scott5@nhs.net
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