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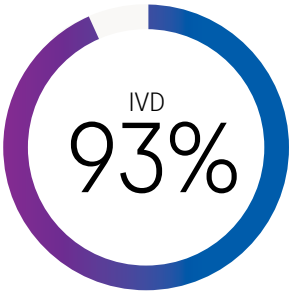
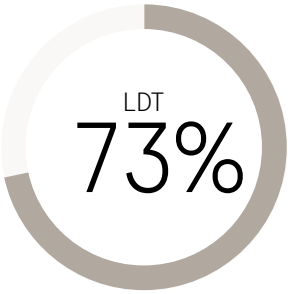
# Cost effectiveness of PD-L1 testing in non-small cell lung cancer (NSCLC) using IVDs vs. LDTs[1]

Key takeaways from a 2022 academic study published in partnership with UK NEQAS, NordiQC and Roche Diagnostics, comparing the cost effectiveness of PD-L1 testing with in vitro diagnostics (IVDs) versus lab-developed tests (LDTs) using the German healthcare system as a model

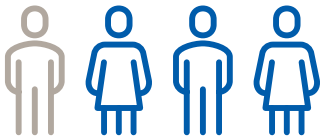
## Accuracy

LDTs could lead to a
20%
greater chance
of misdiagnosis




## Total effectiveness



Approximately
1 in 4
patients could **receive incorrect treatment** based on LDT results

## Cost vs. benefit

IVD testing has **minimal impact to overall diagnostic cost,** yet could lead to a **19% increase in successful diagnosis and treatment**

**Patient outcomes**


+19%
**greater chance of improved outcomes**

**Cost**


+0.4% €
**cost difference**

## IVD testing is substantially more effective

for aligning PD-L1-positive NSCLC patients with immunotherapy - leading to **improved outcomes** and a **reduction in overall healthcare costs** associated with disease progression, management of adverse events, and end of life care.

References

[1] Hurwitz, J.T., Vaffis, S., Grizzle, A.J. et al. Cost-Effectiveness of PD-L1 Testing in Non-Small Cell Lung Cancer (NSCLC) Using In Vitro Diagnostic (IVD) Versus Laboratory-Developed Test (LDT). *Oncol Ther* (2022). https:///10.1007/s40487-022-00197-1