Reply


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We thank Drs. Torlakovic and Normanno for their interest in our new biomarker proficiency testing program and associated publication [1,2]. In their lengthy letter to the editor, these readers make several comments about the administration of proficiency testing [2]. One claim is identified, specifically stating that the strategies reported by Bisson et al. are in fact not novel. An extensive list of references was proffered by the commentators; however, upon review, none of these reports describe a complete end-to-end proficiency test (starting from FFPE material and ending with a prescribed treatment), nor do they specifically discuss an instance where turnaround time (TAT) is measured by a biomarker proficiency testing program [1,2]. Additionally, the prominently referenced 2021 guideline on behalf of IQN Path denotes “It is not the responsibility of the EQA provider to monitor the laboratory TAT” [2,3]. Through an additional literature review, there was one published report identified of an EQA that measured turnaround time [4]. Given that an integrated end-to-end approach, to our knowledge, has not been included in any previous reports on proficiency testing, the term novel—meaning new and not resembling something formerly known or used—is fully appropriate [5].

In Canada, a publicly funded healthcare state, there is an ongoing problem with respect to equitable access to biomarker testing. This inequity is clearly centered around the fact that many patients cannot achieve timely access to high-quality and easily interpreted biomarker reports [6,7]. The purpose of our novel, and now highly regarded, biomarker quality assurance program is clear and singular: to assess the performance of laboratories in delivering the possibility of precision cancer care to their patients.

We thank you for taking the time to comment on our study.

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**References**


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