LATAM RING Trial White Paper

Asynchronous Survey

Note: *Thank you for your active participation in the Steering Committee video meeting held on December 18, 2025. The discussion provided valuable insights that will strongly inform the development of the LATAM RING trial white paper.*

To complement the live discussion, this short survey is intended to capture additional perspectives on topics that could not be fully addressed due to time constraints, as well as technical aspects that may require input from laboratory or bioinformatics team members who were not present during the meeting.

Your responses will help ensure the white paper accurately reflects current practices, challenges, and priorities across participating countries.

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1. **What were the primary considerations that motivated your laboratory to participate in the EMQN Ring Trial?**
   (Open text)

2. **What do you consider the most significant remaining challenges in your laboratory's pre-analytical workflow?**
   (Select up to two)

- Tissue quality and fixation
- DNA/RNA extraction quality
- Input quantity and integrity
- Pre-analytical quality control (QC) documentation
- Communication between pathology and molecular teams
- Other (please specify)

3. **How is quality control (QC) data currently used in your laboratory to support assay validation and ongoing performance monitoring?**
   (Select all that apply)

- Establishing baseline performance metrics during initial assay validation
- Longitudinal tracking of performance (e.g., trend analysis)
- Validation of new reagent lots or software versions
- Identifying technician or workflow-specific training needs
- Participating in proficiency tests from external quality control (QC) programs

- Other (please specify)

4. **How is sequencing coverage typically monitored in your NGS workflow?**
- Per sample only
- Per gene only
- Both per sample and per gene
- Coverage is not routinely assessed

5. **In your view, how appropriate are the current variant calling thresholds for both analytical performance and clinical reporting?**
- Fully appropriate
- Mostly appropriate, with room for optimization
- Not appropriate
- Unable to assess

6. **How are variant calling thresholds optimized and validated in your laboratory?**
(Select all that apply)
- Using reference or control samples
- Using historical clinical cases
- Based primarily on vendor-provided defaults
- Combination of the above
- No formal validation process

7. **How are bioinformatics filters managed in routine practice?**
(Select all that apply)
- Based on predefined filter settings only
- Through review of discordant or borderline cases
- Combination of automated filtering and manual review
- No standardized approach

8. **How does your laboratory manage software versions and reference database updates to ensure consistency and traceability?**
(Open text)

9. **What mechanisms are in place to ensure consistent variant interpretation and reporting across team members?**
(Select all that apply)
- Written SOPs only
- SOPs plus internal case review discussions
- SOPs plus double or consensus review
- No formal alignment process

10. **What is your current process for identifying, reviewing, and resolving unusual or unexpected NGS results?**
    (Open text)

11. **What type of educational or training activities would be most useful to improve NGS test implementation and performance in your setting?** *(Select all that apply)*

- Hands-on technical training (wet lab/library preparation)
- Bioinformatics and data analysis training
- Case-based multidisciplinary discussions
- Online courses or webinars
- Written guidelines or best-practice documents
- Other (please specify)

12. **Please rank the following cancer types based on the frequency of NGS testing in your clinical setting (1 = Most frequent, 6 = Least frequent):**

- Lung cancer
- Breast cancer
- Colorectal cancer
- Prostate cancer
- Hematologic malignancies
- Other (please specify)

13. **Who most commonly initiates the decision to request NGS testing?**

- Treating oncologist
- Surgeon
- Pathologist
- Multidisciplinary tumour board
- Laboratory-driven recommendation
- International guidelines recommendations
- Shared decision (please specify)

14. **What is the current reimbursement status for NGS testing in your country?**

- Fully reimbursed
- Partially reimbursed
- Not reimbursed
- Varies by indication or institution

15. **Which focus do you consider most important for the white paper?**

- Analytical performance gaps and ring-trial findings
- Practical laboratory implementation and improvement strategies
- Clinical impact and patient benefit
- A balanced combination of all
- Other (please specify)

16. **Please rank the following journals for publication priority (1 = highest)**

Journal	Publisher	Scope	Impact Factor
The Journal of Molecular Diagnostics (J Mol Diagn)	Elsevier	Translational and clinical molecular diagnostics, validation of molecular methods in diagnostic setting	3.4
Modern Pathology	Nature Publishing Group / USCAP	Diagnostic human pathology, molecular pathology, clinical pathologic correlation, practices in pathology labs	5.5
Diagnostics	MDPI (Open Access)	Medical diagnostics, molecular diagnostics, pathology, biomarker studies, methodological papers	3.3
Diagnostic Pathology	BioMed Central (open access)	Surgical & clinical pathology, tissue-based diagnostics, molecular pathology techniques, QA articles, case reports, methodological reports	2.3
Experimental and Molecular Pathology	Elsevier	Molecular pathology; translational and diagnostic pathology, molecular methods in human disease, lab-based research	3.7

- The Journal of Molecular Diagnostics
- Modern Pathology
- Diagnostics
- Diagnostic Pathology
- Experimental and Molecular Pathology
- Other (please specify)