

ctDNA Testing in Community Oncology: Barriers, Insights, and Momentum

From the Q2 2025 Community Oncologist Survey in Cornerstone Specialty Network

INTRODUCTION

Circulating tumor DNA (ctDNA) testing is gaining traction in community oncology. A recent Cornerstone Specialty Network survey (Q2-2025) of U.S.-based oncologists reveals both the promise and the practical hurdles of integrating ctDNA into real-world care.

Respondents were mainly experienced clinicians managing a high volume of patients with solid tumors.

Where We Are Now

- **Adoption Is Real:** ctDNA is used across tumor types, with the most consistent applications observed in colorectal (CRC) and breast cancers, aligning with the most robust clinical data available to date.
- **Surveillance Use Needs Clarification:** Some responses suggest confusion in interpreting “surveillance”, possibly spanning both adjuvant and metastatic contexts.
- **Timing Nuance:** When asked about ctDNA use “before or after surgery,” many selected “both.” It is reasonable to interpret this as usage in both pre- and post-operative settings.

How It’s Being Used — and Where Challenges Remain

Clinical Utility Is Emerging but Inconsistent: Many oncologists see ctDNA influencing treatment decisions. However, confidence in its actionability varies, especially outside CRC and breast, where data are still emerging.

Interpretation Is a Key Challenge: A substantial number of providers report difficulty interpreting ctDNA results. The high response rate for “None of the above” in the ease-of-use question suggests confusion or a mismatch in how results are presented vs. how clinicians want to act on them.

Educational Opportunity: Awareness of ctDNA-related clinical evidence, particularly concerning trial familiarity in breast cancer, remains limited. Several responses emphasize the necessity for ongoing education on use cases, assay interpretation, and integration into clinical pathways.

“The promise is there — but clarity, consistency, and confidence need to catch up.”

Survey respondent

Operational Realities



Lab Landscape: While several ctDNA providers are in use, Natera and Guardant have emerged as the two most commonly mentioned, with other labs—including Caris—falling behind. Lab selection is largely driven by turnaround time, ease of coordination, and provider familiarity.



Workflow Gaps: A notable portion of respondents were unsure how long ctDNA coordination takes within their practice. This suggests testing is not yet fully integrated into daily workflows, and roles for ordering or follow-up may lack clarity.



Turnaround Time Varies: Some practices reported timely results, while others noted long waits that could affect clinical utility.

Navigating Coverage and Prior Authorization



Coverage Challenges Remain: Medicare and commercial insurance coverage remains inconsistent. Providers noted that a better understanding of coverage policies and lab-provided assistance could improve confidence in ordering.



Prior Authorization Burden: Many clinicians highlighted authorization delays and coverage ambiguity as ongoing bottlenecks.

Key Barriers and What Comes Next...

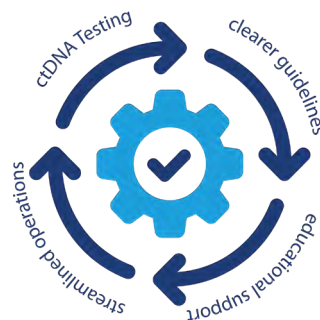
Lack of robust evidence across tumor types

Interpretation uncertainty and inconsistent result formats

Too many platforms and unclear standards

Financial and administrative burdens

High interest in education — both clinical and operational



LOOKING AHEAD

Despite the friction points, most surveyed oncologists expect to increase their use of ctDNA testing over the next 1–2 years.

With clearer guidelines, educational support, and streamlined operations, ctDNA could play a central role in managing both early-stage and metastatic disease.