Abstract # 1526

BRCA Testing Concordance with National Guidelines for Patients with Breast Cancer in Community Cancer Programs

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BACKGROUND

- Current National Comprehensive Cancer Network guidelines state that testing for highly penetrant breast/ovarian cancer genes is clinically indicated for women diagnosed with early onset (≤ 45 years), at later age (having met ethnic or family history criteria), or metastatic HER-2 negative breast cancer.
- A recent Association of Community Cancer Centers (ACCC) survey (N = 95) showed that > 80% of respondents reported ≤ 50% testing rates among patients with breast cancer who met testing guidelines.
- Given this disconnect, ACCC partnered with 15 community cancer programs to assess practice gaps and support interventions to improve genetic counseling (GC)/testing access.

OBJECTIVE

To increase rates of guideline-concordant BRCA testing for patients with breast cancer in community cancer programs through quality improvement initiatives.

METHODS

- Pre-intervention data from 9/15 participating cancer programs for 2691 women diagnosed with stages 0-III breast cancer between 01/01/2017 and 06/30/2019 was collected.
- De-identified variables included: family history documentation, GC appointment/test results, and timing of results relative to surgical treatment decisions.

RESULTS

- Forty-eight percent (1284/2691) had a documented high-risk family history, 57% (729/1284) of whom had a GC appointment.
- As expected, this was a significantly higher rate of GC compared to the 23% (181/778) of those with a negative family history and 6% (35/629) of those with no family history documented (p < 0.0001).

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CONCLUSIONS

- Genetic testing is underutilized in this community cohort of women with breast cancer.
- Fifty-seven percent of cases with a documented high-risk family history underwent genetic counselling; 23% of those with a negative family history had GC.
- Thirty-seven percent of women offered pre-operative test results had breast conserving surgery compared to 60% of women with test results disclosed post-operatively.
- Further work is needed to understand decisions regarding genetic testing and the timing of said testing on surgical decision making.
- Opportunities exist to examine facilitators and barriers to community-based genetic services in order to increase access to guideline-based GC/testing.

AUTHOR CONTACT INFORMATION

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For more information on this project and to download this poster:
www.accc-cancer.org/BRCA

ACCC
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RESULTS - Continued

n of total population = 2691	Rate	#	n
High-risk based on family history	48%	1284	2691
Family high-risk with GC appointment	57%	729	1284
Family high-risk, no GC appointment	43%	555	1284
Not family high-risk with GC appointment	23%	181	778
Not family high-risk, no GC appointment	77%	597	778
Unknown family risk, with GC appointment	6%	35	629
Unknown family risk, no GC appointment	94%	594	629
Age 45 or younger (n=278)			
Had GC appointment	72%	199	278
Date of genetic test results documented	49%	135	278
Genetic test results arrived after surgery	16%	22	135
HER-2 negative (n=1845)	69%	1845	2691
HER-2 negative patients with GC appointment	36%	658	1845
HER-2 negative patients with genetic test result	15%	273	1845

Patients ≤ 45 years old attended a GC appointment 72% (199/278) of the time and 49% (135/278) had genetic test results, with 84% (113/135) receiving results before surgery.

Type of Surgery	Mastectomy	Lumpectomy
Genetic test results before surgery	63% (203/322)	37% (119/322)
Genetic test results available after surgery	40% (96/240)	60% (144/240)

For women with test results available before surgery, 37% (119/322) had breast conserving surgery, compared to 60% (144/240) with test results disclosed post-operatively (p < 0.0001).

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