Session 1: Essential Elements & Clinical Process of Genetic Testing

Electronic Capture Tools for Family History:


Invitae Family History Tool: https://www.invitae.com/en/familyhistory/

Myriad Family History Tool: https://fht.myriad.com/app/#/get-started
Jackson Laboratory Clinical and Continuing Education Tools:


ASCO Policy Statement on Guidelines for Genetic and Genomic Testing for Cancer Susceptibility:

NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian


GINA Act of 2008 (job and health insurance protections against discrimination based on a genetic mutation):

https://www.genome.gov/about-genomics/policy-issues/Genetic-Discrimination

Commission on Cancer Guidelines for Genetic Testing and Cancer Risk Assessment (Section 4.5):
Please specifically note the requirements for “Genetic Professionals” – we are reaching out to the COC as ANCC no longer provides certification for genetics to APPs.

https://www.facs.org/~/media/files/quality%20programs/cancer/coc/draft_coc_revised_standards_may2019.ashx
DotPhrases/SmartPhrases for Genetic Education:

Pre-test Counseling:

We discussed the role of genetic testing to identify a germline mutation which would increase @NAME@ risk of breast cancer as well as potentially other cancers cancer and possibly alter our recommendations for treatment of ***his/her*** current cancer as well as future cancer screening and prevention. ***He/She*** meets criteria for genetic risk assessment per NCCN guidelines based on ***. At present, we have access to BRCA1 and BRCA2 as well as panel testing for other cancer related genes in the ***[genetic testing company and panel name]*** panel which could alter ***his/her*** management. This comprehensive panel provides information on clinically actionable and clinically inactionable gene mutations. At present, it is likely that at least 30% of test run will identify variants of uncertain significance, which will require management decisions to be based off of personal and family history of cancer. We discussed the likelihood is still higher that ***he/she*** does not have a genetic mutation. Discussed the potential results including deleterious mutation, no mutation identified and variants of unknown significance. @NAME@ was provided with information on ***[genetic testing company]*** and the risk associated with moderate/high penetrance gene mutations. We discussed implications of genetic testing including financial and insurance considerations and protections based on the GINA Act of 2008. ***He/She*** acknowledged understanding of the potential results including positive, negative and variants of uncertain significance, signed an informed consent and ***[had blood drawn / provided a saliva sample]*** and shipped to ***[Genetic Testing Company]*** Laboratories. Results may take up to 3-4 weeks and @NAME@ will be contacted at that time for results disclosure and next steps including updated screening and risk reduction recommendations.

@NAME@ agrees to test disclosure over the phone with in person post-test counseling if a clinically significant mutation is identified. If @NAME@ is unavailable for test disclosure due to unforeseen circumstances, results may be disclosed to *** (contact information: ***-***-****).

Post-test documentation:

@NAME@ completed genetic education and testing during her ***[consult/followup]*** visit at the *** Cancer Center. @NAME@ had testing with the *** panel on **/**/****. The results showed ***. These results have been disclosed to @NAME@ and all of ***his/her*** questions were answered.

Add in if:

If Variant of Uncertain Significance: We reviewed the meaning of a variant of uncertain significance and that this is not clinically actionable at this time.

IF Pathogenic mutation: We reviewed that this is a pathogenic mutation and does increase the risk of cancer. We will see @NAME@ back on **/**/**** at **:** for post-testing education and determine next steps for management.