

# Update on Programmatic Work in Cancer Genomics: Enhancing Cancer Genomic Best Practices Through Education, Surveillance and Policy

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## **New Cooperative Agreements**

- ❑ **In 2014, the Division of Cancer Prevention and Control released a new funding opportunity to continue and expand programmatic activities in cancer genomics**
  - “Enhancing Cancer Genomic Best Practices Through Education, Surveillance, and Policy”
- ❑ **5-year non-research cooperative agreement**
- ❑ **Competitive process, objectively reviewed**

## **Basics of FOA: Purpose**

- ❑ **Purpose: Funded applicants will develop, enhance, and evaluate education, surveillance, and policy/systems change activities related to promotion of breast and ovarian cancer genomics**
  - Activities must focus on Hereditary Breast and Ovarian Cancer but could also include Lynch Syndrome

# Required Activities

## ❑ Education

- E.g., Education about EGAPP, USPSTF and NCCN recommendations

## ❑ Surveillance

- E.g., Burden of hereditary cancers, use of genetic counseling, genetic testing, and follow-up procedures

## ❑ Policy/System Change

- E.g., Outreach to insurance companies to increase coverage, system level implementation of risk assessment practices

## ❑ Evaluation of the above

## **Required Collaborations**

- ❑ **Collaborations are key to the success of this work**
- ❑ **Lots of models for how this can work well, the best states bring in key players early, often, and play well**
  
- ❑ **Required collaborations with relevant funded CDC programs**
  - E.g., BCCEDP, cancer registries, comp cancer
- ❑ **Required collaborations with external (to CDC) partners**
  - E.g., academic medical institutions, non-profits, clinical cancer genetics clinics

## Limited Eligibility

- ❑ **State governments or tribal organizations were eligible**
- ❑ **Develop, expand work already underway at state level**
- ❑ **Likely to have necessary expertise in surveillance, policy efforts and education**
- ❑ **Ability to work with state partners, inform state policies**
  - Connection with cancer registry, health insurance providers (differences at state level)
- ❑ **Model for national approaches?**

Short-Term Outcomes	Intermediate-Term Outcomes	Long-Term Outcomes
<p><b><u>Education</u></b>            Increased knowledge of hereditary cancers, and use of genetic counseling, genetic testing, and associated clinical services*</p> <p><b><u>Surveillance</u></b>            Improved ability to assess the burden of hereditary cancers and use of services*</p> <p><b><u>Policy/System Change</u></b>            Increased knowledge among key clinical and policy stakeholders (e.g., health systems, lawmakers and health insurance decision makers)*</p>	<p>Increased appropriate use of services*</p> <p>Increased production and dissemination of surveillance reports*</p> <p>Improved access to, and coverage of, services*</p>	<p>Reduce the incidence and mortality of hereditary cancers, including breast and ovarian cancers</p>

\* Project Period Outcomes

## **Funded Awardees and Amounts**

- ❑ **Funded 4 applicants, at between \$325,000 - \$350,000 in first year**
  - Connecticut, Michigan, Oregon, Utah
- ❑ **Total funding over 5 years is ~ \$7.5 million**

# **PROPOSED ACTIVITIES**

## **Connecticut Proposed Activities: Education**

- ❑ **Update and disseminate educational booklet for providers**
  - “Cancer Genomics Best Practices for Connecticut Healthcare Providers”
- ❑ **Develop and pilot mentoring program with board certified genetic counselors and primary care providers**
  - Assess current practices, educate about best practices, provide ongoing mentoring
- ❑ **Disseminate Family Health History Workbook for public education**
- ❑ **Partner with Jewish organizations at colleges**
  - E.g., Hillel and Chabad Houses

# Connecticut Proposed Activities: Surveillance

- ❑ **Maintain and enhance statewide surveillance systems**
  - Behavioral Risk Factor Surveillance Survey (BRFSS) – include questions pertaining to family health history and genetic testing
  
- ❑ **Analysis of claims data**
  - All-Payer Claims data – medical, dental, and pharmacy claims in CT by public and private payers; used to analyze utilization of genetic services and other related clinical services
  
- ❑ **Analysis of cancer registry data**
  - Bi-directional reporting

## **Connecticut Proposed Activities: Policy**

- Promote health plan coverage of recommended clinical practices for hereditary breast and ovarian cancer**
  - Work with health plans to improve coverage and impact policy
- Assess breast centers and cancer programs for compliance with clinical practice standards (e.g. COC standards)**

## **Michigan Proposed Activities: Education**

- ❑ Disseminate information on family history of cancer and hereditary cancer syndromes**
  - Using state-based and CDC materials through a variety of channels
- ❑ Develop and disseminate blended learning opportunities for primary care providers**
  - Workshops, additional activities
- ❑ Provide materials to health plans, health systems, and health professional organizations**

# Michigan Proposed Activities: Surveillance

## ❑ Add questions to BRFSS

- Prevalence of women in Michigan that have a family history of breast and/or ovarian cancer who received genetic counseling

## ❑ Expansion of comprehensive statewide genomics surveillance network

- Network of 18 clinical sites with board-certified genetic providers sharing data on BRCA genetic counseling and testing

## ❑ Analysis of cancer registry and vital records data

- Monitor cancer incidence rates, trends and mortality of cases most likely to have an underlying genetic predisposition for HBOC and Lynch syndrome

## **Michigan Proposed Activities: Policy**

- ❑ Recognize health insurance plans that are aligned with evidence-based guidelines**
  
- ❑ Develop and promote model for health systems regarding breast and ovarian cancer risk assessment, referral and follow-up**
  
- ❑ Promote cascade screening best practices**
  - Utilizing health system policies, electronic reporting, social media, health insurance policy, laboratory reporting and/or position statements**

## **Oregon Proposed Activities: Education**

- ❑ Engage providers within the public health system (e.g. B&C program)**
- ❑ Promote the availability of telemedicine for genetic counseling services**
- ❑ Conduct outreach to individuals in high-risk and underserved populations**

# Oregon Proposed Activities: Surveillance

## ❑ Analysis of cancer registry data

- Bi-directional reporting

## ❑ Data Collection:

- BRFSS data
- Survey of providers in public health systems
- BRCA testing follow-up study

## ❑ Analysis of:

- Oregon Hospital Discharge Data
- Oregon Medicaid Data
- Myriad genetic testing data

## **Oregon Proposed Activities: Policy**

- ❑ Continue engagement with insurance companies, their medical directors, and their policy staff**
  
- ❑ Continue to work with the Oregon Medicaid Health Evidence Review Commission**
  - Provide consultation on cancer genetics and associated clinical services
  - Conduct yearly analyses of Medicaid data
  
- ❑ Development of policy guidance documents**
  - Oregon Medicare and Medicaid Coordinate Care Organization
  - Oregon Commission on Cancer accredited programs

## **Utah Proposed Activities: Education**

- ❑ **Develop in-person and web-based educational sessions for physicians**
- ❑ **Develop patient and provider educational website**
  - Particularly for physicians serving patients in rural areas of Utah who may not have access to genetic counseling or testing
- ❑ **Provide education on genetic counseling and testing to family members of cancer survivors who test positive for BRCA 1/2 mutations or Lynch Syndrome**

## **Utah Proposed Activities: Surveillance**

- ❑ Assess burden of hereditary cancers, and knowledge, attitudes, use of genetic counseling, genetic testing, and associated clinical services**
- ❑ Establish surveillance system to monitor use of genetic counseling and testing services**
- ❑ Analyze the Utah Population Database and BRFSS data**

## **Utah Proposed Activities: Policy**

- ❑ Establish cancer genetics consortium to provide continued education and guidance on BRCA 1 & 2 counseling and testing to healthcare providers**
- ❑ Determine barriers and solutions to identifying underserved high-risk women in Utah's Breast and Cervical Cancer Early Detection Program**
- ❑ Promote increased use of recommended clinical practices and implement system-level practices**

## DCPC's Role

- ❑ **COOPERATIVE agreement**
  - CDC has 'substantial' involvement
- ❑ **Provide program consultation, technical assistance**
  - Provide subject matter expertise on cancer genomics, epidemiology and evaluation
  - Provide guidance on data collection, analysis and program evaluation
  - Help with presentation and dissemination of results
- ❑ **Collaborate across other CDC programs**
  - Genomics applications toolkit of the Office of Public Health Genomics (<http://www.cdc.gov/genomics/implementation/toolkit/index.htm>)
- ❑ **Leverage resources across and between programs**
- ❑ **Disseminate national resources (e.g. *Know:BRCA*, digital media campaign)**

**QUESTIONS?**

# Thanks!

**For more information on CDC's cancer prevention and control programs:**

**[www.cdc.gov/cancer](http://www.cdc.gov/cancer)**

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