

CDC Programmatic Activities in Breast and Ovarian Cancer Genomics

Katrina F. Trivers, PhD, MSPH

Epidemiologist

Division of Cancer Prevention and Control

CDC

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Primary Prevention

- ❑ **Women with BRCA1/2 mutations have a substantially higher cancer risk than those without mutations**
 - Cumulative breast cancer risk of 57%, 49% for BRCA1/2 carriers
 - vs. 12% risk in general population
 - Cumulative ovarian cancer risk of 40%, 18% for BRCA1/2 carriers
 - vs. 1.4% risk in general population

- ❑ **For BRCA+, interventions can decrease cancer risk-
PRIMARY PREVENTION**
 - Enhanced surveillance, chemoprevention
 - Prophylactic surgery
 - 85-100% risk reduction of breast cancer
 - 69-100% risk reduction for ovarian cancer

Barriers to Implementation of Genetic Services

- ❑ **Health care providers may lack knowledge and confidence about family history and genetics**
 - High risk women are often not identified
- ❑ **Most risk assessment tools are complex and not easy to implement in primary care**
 - Quick tools are being developed, validation and study needed
 - Which is best?
- ❑ **Shortage of genetics experts (especially non-urban areas)**
- ❑ **Health insurance coverage gaps**
- ❑ **Genetic testing expensive: \$400- \$4000 for BRCA1/2**

**Enhancing Breast Cancer Genomic Practices
Through Education, Surveillance, and Policy
PROGRAMMATIC ACTIVITIES**

Enhancing Breast Cancer Genomic Practices Through Education, Surveillance, and Policy

- ❑ **In 2011, the Division of Cancer Prevention and Control released a new funding opportunity to continue and expand state-based activities**
 - Non-research cooperative agreement

- ❑ **Competitive process, objectively reviewed**

- ❑ **Funded 3 applicants**
 - Georgia, Michigan, Oregon
 - Approx. \$300,000/year for 3 years

Limited Eligibility

- ❑ **State and local governments or tribal organizations were eligible to apply**
- ❑ **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?**

Requested Activities

❑ Education

- E.g., Develop or expand public and provider education to increase knowledge on the importance of family history, appropriate risk assessment and communication, genetic counseling and BRCA1/2 testing, and preventive services for those identified as high risk

❑ Surveillance

- E.g., Track the use of genetic counseling and BRCA1/2 testing, follow-up procedures for those identified as high risk

❑ Policy/System Change

- E.g., Promote organization and policy systems change to increase the increased use of clinical best practices for genetic counseling, BRCA1/2 testing, and preventive services for those identified as high risk

Thanks!

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

www.cdc.gov/cancer

Katrina Trivers (fph1@cdc.gov)

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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