

## **Abstract Title: Improving the Process for Hereditary Risk Assessment (HRA) Referrals from Breast Case Conference**

**Authors:** Camille Servodidio, RN, MPH, OCN, CBCN, CCRP, Amanda Hamblett, MS, CGC, Susanna Hong, MD, Andrea Malon, MD, Kathleen Gould-Mitchell, RHIA, CTR, Ryann Nocereto, RN, MSN, Kari Mayorga, RN, BSN, OCN, and Pat O'Brien, APRN, NP-C

**Purpose & Rationale:** The purpose of this project was to determine if those breast cancer patients identified at breast case conference for HRA Referral were seen and if appropriate, tested. The Survivorship APRN Coordinator noted during a breast cancer patient's survivorship visit that the patient was appropriate for an HRA referral but was not seen by the genetic counselor. It was determined that the patient was presented at breast case conference and met criteria for an HRA referral, but was not referred.

**Research Question:** Are patients identified at breast case conference referred to the HRA program and tested if appropriate?

**Synthesis of Review of Literature:** NCCN guidelines provide specific criteria for when breast cancer patients should be referred for hereditary risk assessment. One study demonstrated that the top reasons that patients did not utilize genetic counseling and risk assessment services were "that no one recommended it." (Anderson, B, McLosky, J et al, 2012). Another study of ovarian, breast and uterine cancer patients demonstrated an overall genetic referral rate of 21.7% (Febbraro, T, Robison, K et al, 2015).

**Methods:** The scope of this project was to determine the number of breast cancer patients who were identified at biweekly 2015 breast case conferences as appropriate for referral to the HRA program. In addition, the number of patients who were seen and tested, the number who were not seen, as well as whether the reason was documented in the patient's chart was tracked.

**Results:** One hundred and eighty one breast case conference summaries were available for review. Each breast case conference summary included a section which documented whether a patient should be referred to the HRA program. Of those patients reviewed, 92/181 (51%) presented at breast case conference were appropriate for referral to the HRA program. 48/92 (52%) of the patients were seen in the HRA program, 23/92 (25%) were tested, 2/92 (2%) were scheduled for an appointment in 2016 and 5/92 (5%) declined an appointment. 36/92 (39%) were identified as appropriate but were not referred to the HRA program. 1/92 (1%) died. Documentation of the HRA referral/discussion was noted in 24 % of the surgeons' charts, 8% of the medical oncologists' charts and 5 % of the radiation oncologists' charts.

**Discussion:** There is little published in the literature about the tracking of HRA referrals for patients identified at breast case conference. In this review, an accountable point person and tracking system were needed to capture and follow up on those patients identified at breast case conference. The breast nurse navigator initiated a Google tracking sheet for every patient referral and will follow up with the medical provider to ensure patients are offered an HRA visit. The breast imaging nurse navigator will serve as the backup for this process.