Advisory Committee on Breast Cancer in Young Women (ACBCYW)

January 9, 2014

Enhancing Breast Cancer Genomics Best Practices and Policies in the State of Michigan

Michigan Department of Community Health, Cancer Genomics Program

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Mission:

MDCH will **protect, preserve, and promote** the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and under-served populations

Vision:

Improving the experience of care, improving the health of populations, and reducing per capita costs of health care
CDC Funding Announcement


• 3 year cooperative agreement (2011-2014) awarded to three projects
  – Authorized from Affordable Care Act
  – State health departments and Tribal governments eligible

• **Purpose:** develop or enhance activities related to breast cancer genomics
  – Promote use of BRCA1/2 clinical practices as recommended by USPSTF and NCCN

• **Must** conduct programs in policy plus surveillance and/or health education
**Michigan Project Goals**

- Promote adoption of health plan policies to increase coverage of BRCA clinical services for high risk women

- Increase health care provider knowledge and use of BRCA clinical practices recommended by USPSTF and NCCN

- Expand surveillance of BRCA Clinical Practices

- Utilize data to inform best practices, promote policy change, conduct program evaluation, and disseminate findings
Impact: A reduction in the young breast cancer death rate and the ovarian cancer death rate

Partners, Partners, Partners...!

“...no important health problem will be solved by clinical care alone, or research alone, or by public health alone- But rather by all public and private sectors working together”

Michigan Policy Objectives

Promote adoption of health plan policies to increase coverage of BRCA clinical services for high risk women

- Investigate insurance coverage gaps for BRCA Clinical Services
- Enhance payers’ awareness, knowledge and use of BRCA Clinical Services with respect to USPSTF and NCCN guidelines
- Increase the number of health plans that have written policies for BRCA Clinical Services consistent with USPSTF and NCCN recommended practices
BRCA Policy Dashboard

BREAST CANCER GENOMICS BEST PRACTICES
for Michigan Health Plan Partners
BRCA Policy Dashboard

This dashboard was created for Aetna as an update on progress toward developing written policies related to all four areas of cancer genetic services (Figure 1). For more information on policy development or for technical assistance from NCCN Cancer Genomics Program, contact 1-866-322-1247 or email genetics@michigan.gov. If this statement is not accurate, please contact us immediately. We would greatly appreciate up-to-date information from all health plans in Michigan.

Figure 1. Spectrum of Cancer Genetic Services

Your health plan has written policies related to BRCA that...

1. include coverage for the following individuals:
   - Adults with a personal history of breast and/or ovarian cancer.  
   - Adults with a family history of breast and/or ovarian cancer.  

2. require or strongly recommend genetic counseling prior to genetic testing.

3. encourage providers to obtain written informed consent (as is required by Michigan law) prior to ordering BRCA genetic testing.

4. cover BRCA-related clinical services for positive patients (policies would contain coverage information for the following services):
   - Mammography
   - MRI of the Breast
   - Prophylactic Mastectomy
   - Prophylactic Oophorectomy
   - Breast Reconstruction / Prostheses

   National Comprehensive Cancer Network. ©2019. All rights reserved. Access date: July 1, 2020. This is the most recent and complete version of the guidelines. Go to www.nccn.org for more information.

Content and statements owned by the National Comprehensive Cancer Network, Inc. U.S. Preventive Services Task Force Genomic
Statement 2015 and BRCA Mutation testing for breast and ovarian cancer susceptibility recommendation statement. Ann Intern Med. 2015; 163:
255-261.
Approximately 7,930 – 26,300 Michigan adults have a deleterious BRCA mutation, which greatly increases breast and ovarian cancer risks, but only an estimated 10-30% are aware of their status. Appropriate BRCA counseling and testing can promote savings through early cancer detection and preventative measures.

The MDCH Cancer Genomics Program has compiled health plan-specific data to inform you about BRCA counseling and testing among members. Table 1 depicts numbers of members tested for a personal genetic history of breast and ovarian cancer and the total number of patients tested reporting "inadequate insurance coverage" as the primary reason. Table 2 depicts the number of BRCA tests, by test type and cost, that were ordered for your members within the above timeframe.

### Table 1. Patients Accessing Genetic Services for BRCA, October 2007 – October 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>October 2007</th>
<th>October 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (% of total)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td>Patients counseled</td>
<td>251 (87)</td>
<td>9,947</td>
</tr>
<tr>
<td>With personal history of breast/ovarian cancer</td>
<td>146 (58.2)</td>
<td>5,416 (55.3)</td>
</tr>
<tr>
<td>USPTF family history (no personal history)</td>
<td>70 (27.3)</td>
<td>2,476 (25.2)</td>
</tr>
<tr>
<td>Patients tested after counseling</td>
<td>170</td>
<td>6,908</td>
</tr>
<tr>
<td>With personal history of breast/ovarian cancer</td>
<td>113 (65.5)</td>
<td>4,122 (65.4)</td>
</tr>
<tr>
<td>USPTF family history (no personal history)</td>
<td>44 (23.9)</td>
<td>1,409 (22.0)</td>
</tr>
<tr>
<td>Patients not testing due to inadequate insurance</td>
<td>15 (3.2)</td>
<td>353 (3.2)</td>
</tr>
</tbody>
</table>

These data include genetic counseling visits from October 1, 2007 – October 1, 2012 as reported to MDCH through a statewide network of board-certified genetic professionals. Special thanks to the following institutions whose data included genetic counseling visits included in these analyses: Breast Cancer Genomics Program at St. Joseph Mercy Hospital, Henry Ford Health System, InformedDNA, Harper Cancer Genetic Counseling Service, Leukemia and Lymphoma Cancer Center, University of Michigan Division of Clinical Genetics, Marquardt General Cancer Center Program, Oakland University Health System’s Genetic Counseling Program for Cancer Genetics, Spectrum Health Breast Cancer Screening Program, University of Michigan Cancer Center, University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program, and West Michigan Cancer Center.
Resource Guide with Individualized Reports

BREAST CANCER GENOMICS BEST PRACTICES
for Michigan Health Plan Partners

CONTENTS

A. Introduction to Breast and Ovarian Cancer in Michigan
   • BRCA-Related Written Policy Checklist, 2012
   • 2012 Special Pinnacle Award – Cancer Genomics Best Practices
   • Cancer-related Continued Education Opportunities
   • Michigan Cancer Consortium – Cancer Genomics Goals 2009-2015
   • Hereditary Breast and Ovarian Cancer Syndrome (HBOC) Resource Sheet

B. Health-Plan Specific Information and Reports

C. Guidelines and Recommendation Statements:
   • US Preventive Services Task Force Grade B Recommendation
   • “Testing for Hereditary Cancer Predisposition Syndromes and Genetic Counseling” statement from the Michigan Cancer Genetics Alliance and Michigan Cancer Consortium
   • National Comprehensive Cancer Network (NCCN) Practice Guidelines related to HBOC
   • NEW! American College of Surgeons – Commission on Cancer (CoC) 2012 Cancer Program Standard 2.3 Risk Assessment/Genetic Counseling
   • Cancer Genetic Counseling in Michigan

D. Best-in-Class Model Policies of 2012
   • CIGNA
   • Blue Cross Blue Shield/Blue Care Network of Michigan

E. Resources
   • Genetics and Genomics Resources
   • Complete Michigan Cancer Genetics Alliance Cancer Genetics Services Directory
   • MDCH Informed Consent Brochure for providers
   • MCHP Insight newsletter articles on genomics and HBOC
   • “CANCER GENOMICS BEST PRACTICES: for Michigan Health Plan Partners” Electronic Version 2012
   • Facing Our Risk of Cancer Empowered (FORCE) literature for members with HBOC

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CANCER GENOMICS PROGRAM
2012

Developed by the MDCH Cancer Genomics Program & the Michigan Association of Health Plans Foundation

Michigan Department of Community Health
201 Townsend St., P.O. Box 30393, Lansing, MI 48909
1-888-652-1247 genetics@michigan.gov
Award Health Plans Aligned with USPSTF and NCCN Recommendation

- Michigan Association of Health Plans (MAHP) Summer Conference held in 2010-2013
- Pinnacle Awards to honor health plans aligned with BRCA Recommendation in 2010-2012
- Pinnacle Award for best BRCA policy awarded to Priority Health in 2011
- CME Best Practices event to educate health plan directors in 2010-2012
- MAHP Insight Magazine
- MAHP and MDCH Press Releases
- Michigan Cancer Consortium Update Newsletters
- Michigan Cancer Genetics Alliance meetings and listserv announcements
Michigan Policy Success

• 15 of 25 health plans in Michigan with written policies for BRCA counseling and testing aligned with the 2005 USPSTF Grade B Recommendation (increase from 4 health plans in 2009)

• 8 of 25 health plans in Michigan with written policies for BRCA-related clinical services for women with a known deleterious BRCA mutation aligned with 2012 NCCN guidelines
Michigan Provider Education Objectives

Increase health care provider knowledge and use of BRCA clinical practices recommended by USPSTF and NCCN

- Assess and improve provider knowledge about validity, utility, harms and benefits of family history, risk assessment and/or referral for BRCA counseling and testing for appropriate women
- Increase number/percentage of appropriate visits for BRCA counseling
- Increase number of appropriate BRCA tests and related clinical services
October is Breast Cancer Awareness Month

Prevention steps for women and families at high risk

(September 26, 2013) Approximately 7,000 Michigan women are diagnosed with breast cancer each year. Of those, approximately 1,500 are under age 50. October’s National Breast Cancer Awareness Month marks an annual campaign to increase awareness and discuss risks of breast cancer as well as appropriate steps to detection and prevention.

This time of year, it is especially important to identify women at high risk, such as those with a family history of breast cancer, and to provide information about screening and prevention. Women at high risk for hereditary breast and ovarian cancer based on their family history should be referred for cancer genetic services, which is a covered benefit for Priority Health members (please refer to Genetic Counseling, Testing and Screening Medical Policy #0150). Women at high risk can also benefit from more frequent screening, chemoprevention and prophylactic surgeries.

Approximately one in 10 (10.4%) Michigan women have a significant family history of breast or ovarian cancer, and an estimated 90% of Michigan women with a significant family history of breast and/or ovarian cancer have not received genetic counseling and risk assessment services. However, because breast cancer is common in the general population, many women with a family history are not at increased risk. Therefore, it is important to ask the questions below of women with a family history of breast cancer. These questions relate to first-degree relatives (parent, sibling, or child) as well as second-degree relatives (half-sibling, aunt/uncle, grandparent, niece/nephew, or grandchild)aw and should be asked with regard to both maternal and paternal history, as these genes can be inherited from either side of the family.

Questions for women with a family history of cancer:

- Is there a breast cancer diagnosis before the age of 50?
- Is there ovarian cancer diagnosed at any age?
- Are there breast and ovarian cancer in the same person?
- Are there bilateral or multiple primary breast cancers in the same person?
- What is the family’s ancestry? Is there Ashkenazi Jewish ancestry with any breast and/or ovarian cancer?
- Is there a history of male breast cancer in the family?
- Is there a known BRCA1 or BRCA2 mutation in the family?
- Was any breast cancer diagnosed prior to age 60 with triple negative pathology (ER-, PR-, Her-2-)?

Women with a significant personal or family history of young breast cancer diagnosis (< 60 or < 50), ovarian cancer or male breast cancer should be referred to a trained health care provider for genetic risk assessment and genetic counseling to discuss appropriate indications for genetic testing. Several clinical tools have been created to aid in the identification of women appropriate for cancer genetic services based on their breast and ovarian cancer family history. For an electronic tool, consider the Breast Cancer Risk Assessment Tool (B-RAT) at breastcancer.orgscreen.org/ or for a handheld tool, view the MDCH Cancer Family History Guide at michigan.org/providers/CancerFamilyHistoryGuide.html. To order a copy of the Cancer Family History Guide, contact the MDCH Cancer Genomics Program at 1-888-852-1247 or genetics@michigan.gov.

3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Genomic Risk Assessment: Breast and Ovarian V3.2013. © National Comprehensive Cancer Network, Inc., 2013. All rights reserved. Accessed July 1, 2013. To view the most recent and complete version of the guidelines, go online to www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES® and all other NCCN content are trademarks owned by the National Comprehensive Cancer Network, Inc.
Collaboration to Create and Disseminate National Provider Education Resource

• Since 2009, MDCH developed and provided an in-person interactive case-based presentation
• Based on the success of these in-person case-based presentations, MDCH, CDC, NCHPEG, Oregon, Georgia and Moffitt collaborated in 2012-2013 to develop online breast cancer genomics module
• In 2013, Michigan State University approved 2.0 CMEs until October 2016
  • Available at no cost to participants
  • Finishing touches to be completed this month and will begin national dissemination
Michigan Surveillance/Epidemiology Objectives

Expand surveillance of BRCA Clinical Practices

- Expand a comprehensive statewide surveillance network for tracking use of BRCA Clinical Services through board certified genetic providers
- Describe statewide trends regarding cancer family history collection for Michigan Cancer Surveillance Program
- Continue to investigate statewide incidence, trends and mortality of cancers appropriate for BRCA counseling and testing per NCCN guidelines
- Increase understanding of patient and provider practices before and after receiving BRCA testing
- Monitor Michigan progress toward HP2020 objective to increase the proportion of women with family history of breast and/or ovarian cancer who received genetic counseling
Other MDCH Cancer Genomics Success Highlights

• Continual growth of appropriate cancer genetic counseling and BRCA testing of individuals with a personal and/or family history of breast and/or ovarian cancer

• Extraordinary increase in number of cancer genetic clinics with board-certified genetic professionals in Michigan including new clinics in previously underserved areas
  • 16 clinics in 2013 compared to 8 clinics in 2010

• Reduced barriers for appropriate BRCA testing with continued decrease in percentage of individuals who had genetic counseling but were not able to pursue BRCA testing due to inadequate insurance
  • 8.3% in 2012 compared to 21.7% in 2008

• Educational tools and resources disseminated to over 17,000 providers to assist with appropriate breast cancer genetic counseling referrals

• Written health plan policies for BRCA clinical services for health plans covering over 7.5 million Michigan residents
Michigan Dissemination & Evaluation Objectives

Utilize data to inform best practices, promote policy change, conduct program evaluation, and disseminate findings

• Evaluate the strengths, impact and needs of the program
• Disseminate model policies, educational resources, surveillance findings and strategies for payers and providers at multiple levels
Further MDCH Cancer Genomics Work Needed Based on Statewide Data

- Over 5,000 cases statewide diagnosed in 2008-2009 and reported to Michigan Cancer Surveillance Program appropriate for cancer genetic services
  - 3,184 early onset female breast cancer
    - Previous survey of young breast cancer survivors in Michigan showed 54.7% did not receive genetic services with most common reason that no one recommended (58.2%)
  - 1,680 ovarian cancer
  - 141 male breast cancer

- Provider survey data demonstrates self-perceived confidence in breast cancer genomics but deficits in actual knowledge and practice
  - 39.7% identified autosomal dominant as most common mode of inheritance for most hereditary cancer syndromes
  - 39.5% collect ancestry/ethnicity when obtaining family history for cancer risk assessment
  - 31.8% identified prophylactic oophorectomy as procedure to most reduce risk of cancer for 40 year old female with known BRCA mutation
  - 38.1% aware of the Genetic Information Nondiscrimination Act (GINA)

- Population-based survey shows 11% of Michigan adult women have a significant family history of breast and/or ovarian cancer, but only 8.8% of these women have had genetic counseling (2011 and 2012 MiBRFS)

- Relative steady mortality rate for ovarian cancer and female breast cancer diagnosed under 50 based on Michigan Surveillance Program data
For More Information

www.migrc.org
www.michigan.gov/genomics
www.michigan.gov/cge
www.michigancancer.org

Or call 1-866-852-1247
Acknowledgements

Michigan Association of Health Plans (MAHP)
Priority Health
Blue Cross/Blue Shield of Michigan
Office of Public Health Genomics, CDC
Division of Cancer Prevention and Control, CDC
Michigan Department of Community Health (MDCH) Genomics Program
Michigan Cancer Surveillance Program
MDCH Cancer Prevention and Control Section
FORCE (Facing Our Risk of Cancer Empowered)
Wayne State University
Emory University
National Coalition for Health Professional Education in Genetics (NCHPEG)
All the Michigan Clinical Sites Collaborating on the BRCA database
  Beaumont Health System Cancer Genetics Program
  Cancer Genetics Program at St. Joseph Mercy Hospital-Ann Arbor
  Henry Ford Health System
  InformedDNA
  Karmanos Cancer Institute Genetics Service
  Lacks Cancer Center Genetics Program at Saint Mary's Healthcare
  Marquette General Hereditary Cancer Program
  MidMichigan Health
  Michigan State University Division of Clinical Genetics
  Oakwood Healthcare System’s Genetic Risk Assessment for Cancer Clinic
  Providence Hospital Medical Genetics
  Spectrum Health Cancer Genetics Program
  St. Joseph Mercy Hospital-Pontiac
  University of Michigan Cancer Genetics Clinic
  University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program
  West Michigan Cancer Center