

Promoting Policy Changes for Appropriate Cancer Genetic Services for High Risk Women in Three States

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CDC Funding Announcement

Enhancing Breast Cancer Genomic Best Practices through Education, Surveillance and Policy

- 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
- Expected **policy** performance measures:
 - increase use of family history, counseling, and BRCA1/2 tests as recommended by USPSTF and NCCN
 - Identify existing model policy implementation programs used in state

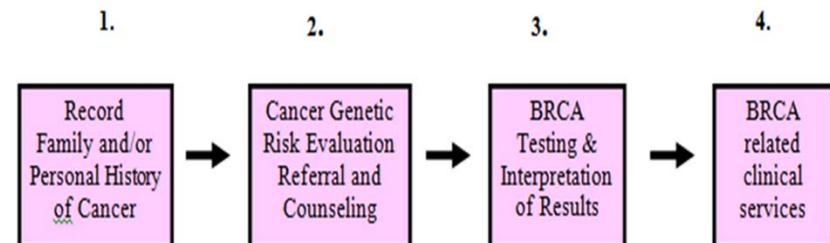


Figure 1: BRCA Counseling, Testing and Clinical Services

Policy Objectives for States

Georgia

- Increase coverage for genetic services by 13 private health plans
- Increase coverage for genetic services by state health plans
- Establish alternative payments methods for cancer services
- Include breast cancer genomics and coverage screening as priority in state plan

Michigan

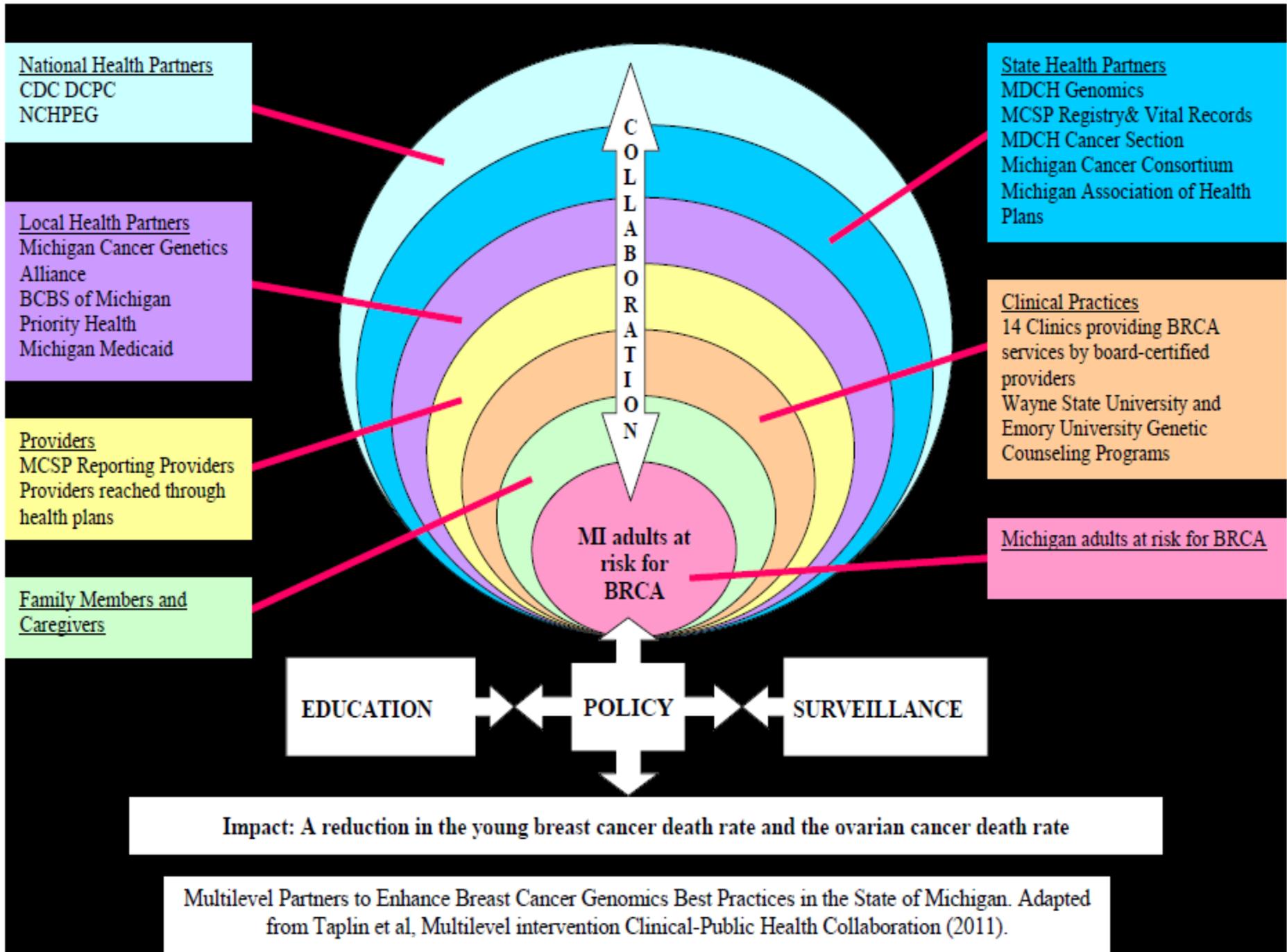
- Investigate insurance gaps for *BRCA* Clinical Services among 24 health plans
- Enhance payers' awareness, knowledge and use of *BRCA* Clinical Services with respect to USPSTF and NCCN
- Increase number of health plans that have written policies for *BRCA* Clinical Services consistent with USPSTF and NCCN recommended practices

Oregon

- Among 10 private insurance plans, increase number that cover USPSTF and NCCN recommended genomic services for women with or at risk for hereditary breast cancer
- Increase evidence-based genomic application for *BRCA* counseling, testing and treatment through legislation requiring licensing for genetic counselors
- Chair/facilitate Genetic Advisory Committee to Oregon Health Services Commission

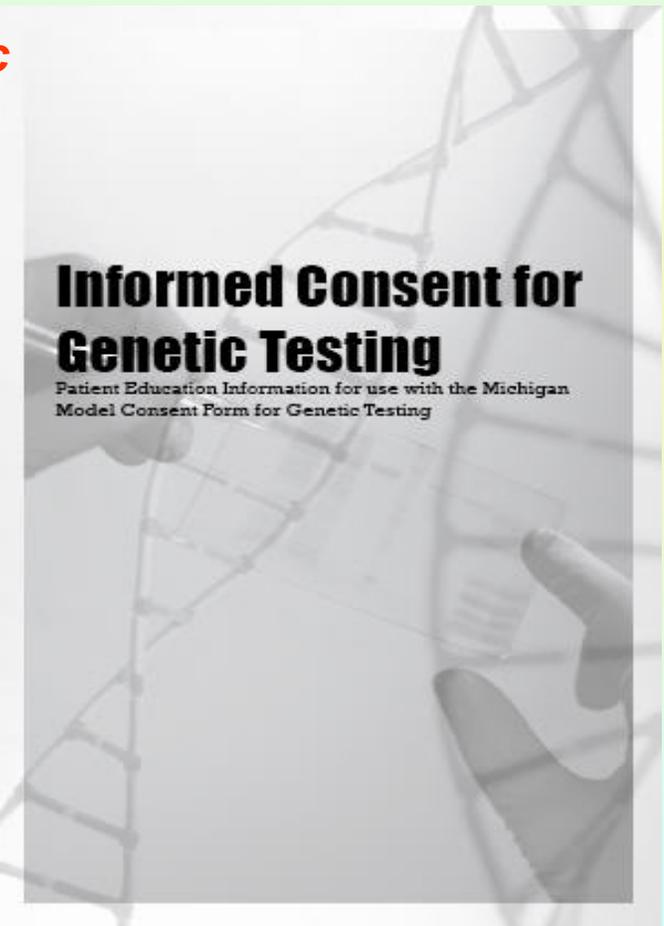
Importance of Partners for States and Policy

- State Medicaid Partners
- Key legislative representatives?
- Health Association Plans
 - Georgia Association of Health Plans
 - Michigan Association of Health Plans
 - Michigan ‘Health Plan Champion’



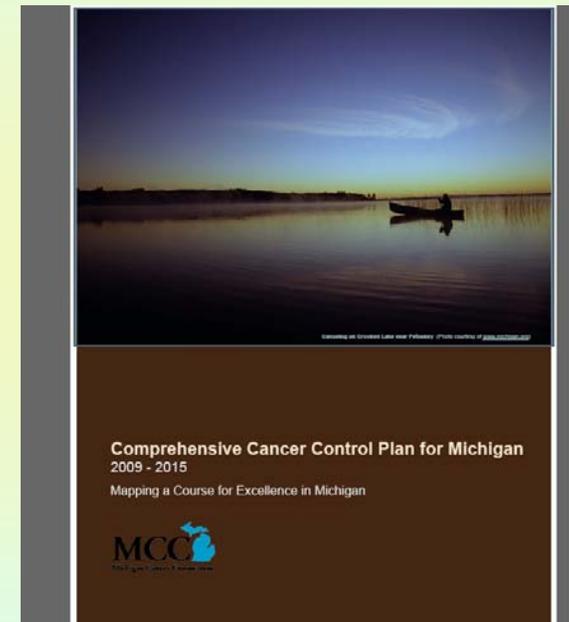
Michigan Informed Consent Law for Genetic Testing, 2000

- ***Michigan law states that a provider shall not order “a presymptomatic or predictive genetic test without first obtaining the written, informed consent”***
- Nature and purpose of the test
- Effectiveness and limitations
- Implications of taking the test, including, but not limited to, the medical risks and benefits.
- The future uses of the sample taken and the information gained from the test.
- The meaning of the test results and how results will be disclosed
- Who will have access to the patient’s sample and result and the right to confidentiality



Comprehensive Cancer Control Plan for Michigan 2009-2015

- **Goal:** Increase availability of cancer-related genetic information to the Michigan public and decrease barriers to risk-appropriate services
 - **Implementation Objective 1:** By 2011, expand public knowledge about the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers)
 - **Implementation Objective 2:** By 2015, expand provider knowledge about the impact of genetics
 - **Implementation Objective 3:** By 2015, improve genetic health care financing and access to testing and support services



<http://michigancancer.org/>

Genomics Integration in State Cancer Plans, 2005-2010

- 2005 review¹ of 30 existing comprehensive cancer control plans:
 - 18 plans (60%) with specific terms related to genomics
- 2010 review² of 50 existing comprehensive cancer state plans:
 - 47 plans (94%) with specific terms related to genomics
 - Most common genomics term found ‘family history’ (43/47 plans)
 - Specific genetic tests less commonly mentioned
 - *BRCA* (18/47 plans)
 - Lynch syndrome (6/47 plans)

1. http://www.cdc.gov/pcd/issues/2005/apr/04_0128.htm

2. Presented at National Conference on Public Health Genomics (2010) by J. Laufman, M. Victor, B. Burke, D. Duquette and J. Flome

Genomics Integration in State Cancer Plans, 2005-2010 (continued)

- 32 plans (64%) with at least one genomics goal, strategy or objective
 - Most common goal/theme identified (24/32 plans) related to:
 - Increase access to genetic risk assessment services such as genetic counseling or genetic testing including reimbursement for genetic risk assessment services
 - Second most common goal/theme (18/32 plans) related to:
 - Educating public and providers about family history or developing family history tool
 - Six states had goals, strategies or objectives related to assurance, assessment and policy (Michigan, Minnesota, Mississippi, New Mexico, Oregon, Washington)
 - Michigan, Minnesota and Oregon funded from CDC OPHG, 2003-2008
- Online survey to 47 comprehensive cancer state programs with at least one genomic term, April-May 2011 (response rate 40.4%)
 - Barriers to implementation identified:
 - low priority of genomics; time constraints; lack of sufficient staff/leadership; lack of funding
 - Possible facilitators to implementation of genomics goal, strategy or objective identified:
 - increased funding; stronger partnerships with health insurance companies

2005 U.S. Preventive Services Task Force BRCA Recommendation

Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic counseling and evaluation for BRCA testing

(Grade B Recommendation)

USPSTF also recommends against routine referral or routine BRCA testing for women whose family history is not associated with increased risk

(Grade D Recommendation)

<http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm>

MDCH-CDC Cooperative Agreements for Cancer Genomics Surveillance, Education, and Policy

Promoting Cancer Genomics Best Practices through Surveillance, Education, and Policy Change in the State of Michigan (CDC-RFA-GD08-801)

- Awarded from CDC Office of Public Health Genomics, 2008-2011
- Supplemental Funding from CDC Division of Cancer Prevention and Control (DCPC) in 2010/2011
- One-year no-cost extension in 2011/2012

Enhancing Breast Cancer Genomics Best Practices and Policies in the State of Michigan (CDC-RFA-DP11-1114)

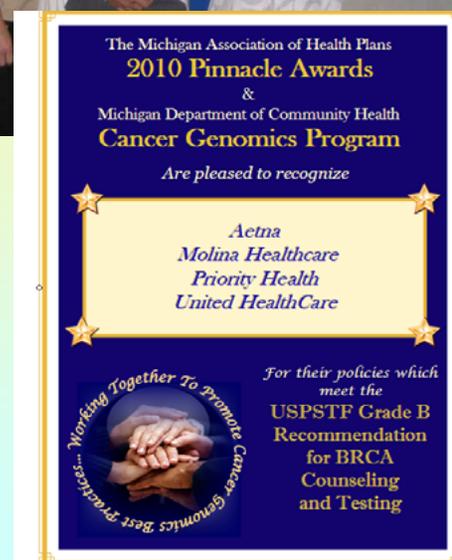
- Awarded from CDC DCPC to MDCH, 2011-2014
- Authorized from Affordable Care Act

CDC Cooperative Agreement for Promoting Cancer Genomics Best Practices Through Surveillance, Education, and Policy Change in the State of Michigan, 2008-2011

- Multi-faceted, state-wide comprehensive program
- Translation of evidence-based recommendations for genetic tests into practice
 - USPSTF BRCA recommendations
 - EGAPP recommendations on Lynch syndrome
 - EGAPP recommendation on breast cancer gene expression profiling
- Evaluate effectiveness in changing provider knowledge, test use, insurance coverage

Honoring Health Plans Aligned with USPSTF Grade B Recommendation

- Michigan Association of Health Plans (MAHP) Summer Conference held in 2010-2012
- Announcement regarding regulations requiring new health insurance plans to cover preventive care for USPSTF Grade A & B Recommendations on July 14, 2010
- Pinnacle Awards to honor health plans aligned with USPSTF Grade B 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



Promoting USPSTF Grade B BRCA Recommendation to Health Plans

- Educate health plans about USPSTF Grade B BRCA Recommendation and Best Practices
 - Health plan conferences
 - CME events
 - Displays
 - Provider tools
 - Articles in newsletters



JOIN THE MAHP FOUNDATION FOR THE ANNUAL BEST PRACTICES FORUM

WEDNESDAY, DECEMBER 8, 2010
8:00 A.M. TO 2:00 P.M.
THE ENGLISH INN

MARK YOUR CALENDARS AND PLAN TO JOIN THE PINNACLE AWARD RECIPIENTS FOR THE ANNUAL BEST PRACTICES FORUM. THIS YEAR'S PROGRAM WILL BE AT THE CONFERENCE CENTER OF THE ENGLISH INN IN EATON RAPIDS – A WONDERFUL SETTING IN ALL SEASONS OF THE YEAR. HIGHLIGHTS OF THE FORUM WILL INCLUDE:

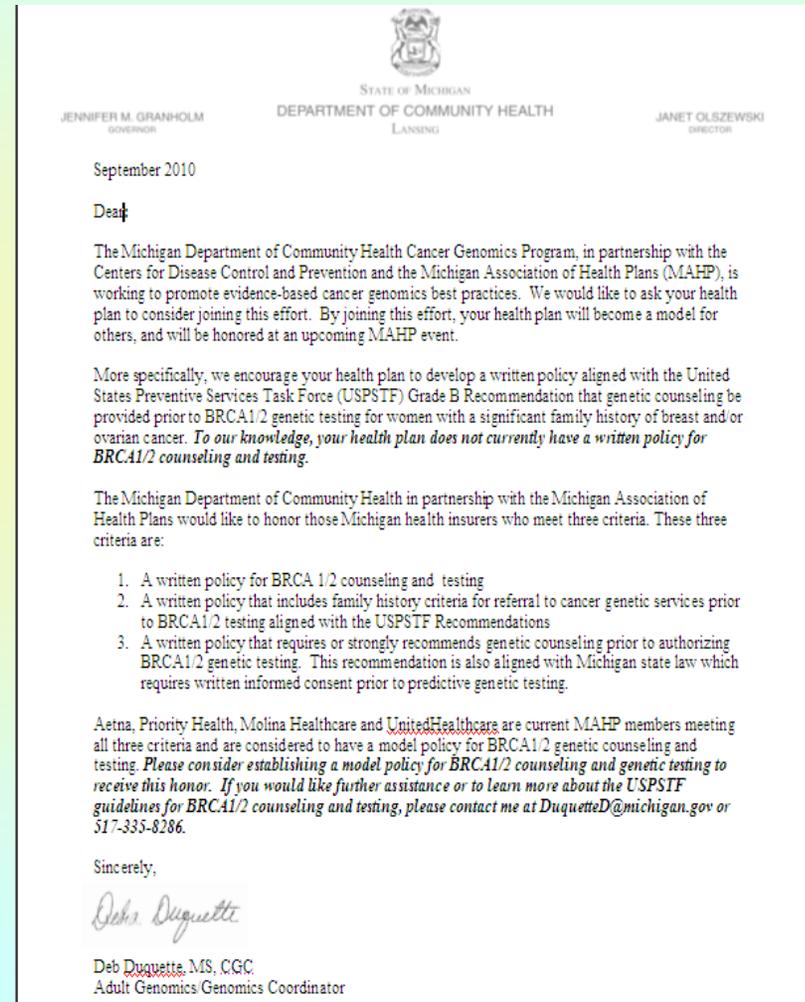
- PRESENTATION OF PINNACLE AWARD WINNING PROGRAMS AND OPPORTUNITIES FOR DISCUSSION WITH THE PEOPLE RESPONSIBLE FOR DESIGNING AND IMPLEMENTING THE PROGRAMS
- IN COLLABORATION WITH THE MDCH CANCER GENOMICS PROGRAM, SPECIAL PRESENTATION ABOUT GENETIC COUNSELING AND SCREENING FOR CANCER, AND DISCUSSION WITH HEALTH PLANS THAT HAVE IMPLEMENTED THE US PREVENTIVE SERVICES GUIDELINES
- OPPORTUNITY TO MEET WITH THE PINNACLE AWARD GOLD AND SILVER SPONSORS AND LEARN MORE ABOUT THEIR PRODUCTS AND SERVICES
- NETWORKING WITH COLLEAGUES.

WATCH FOR DETAILED INFORMATION IN THE WEEKS AHEAD.



Notification to Health Plans Not Aligned with USPSTF

- MDCH staff provided individualized packets to Michigan health plans at key events
 - Discuss in person with key health plan administrators
 - Emphasize USPSTF Grade B Recommendation
 - Provide summary of project and partnership with CDC and MAHP
 - Highlight three criteria required to receive honors
 - Report individualized information for each health plan regarding their assessment
 - Encourage to contact MDCH or MAHP for technical assistance



Educational Materials for Health Plans

Packet of educational materials includes:

- 2005 USPSTF BRCA Recommendation
- Michigan Informed Consent Law for Pre-symptomatic and Predictive Genetic testing
- Cancer Family History Guide©
- Directory of Michigan Cancer Genetic Counseling Services
- Model BRCA Policies with permission from:
 - Aetna
 - Priority Health
 - UnitedHealthcare

Annals of Internal Medicine

Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility: Recommendation Statement

U.S. Preventive Services Task Force*

This statement summarizes the U.S. Preventive Services Task Force
Ann Intern Med. 2005;143:355-361. www.annals.org

PriorityHealth MEDICAL POLICY No. 91540-854

GENETICS: COUNSELING, TESTING, SCREENING*

Effective Date: February 23, 2010 Review Dates: 8/07, 10/07, 03/08, 8/08, 10/08, 2/10
Date Of Origin: August 5, 2007 Service: Cancer

*This policy includes the following previously separate policies: 92458 Genetic Counseling—Testing and Screening; 91212 Gene Expression Analysis; 92449 Genetic Testing Pre-Implementation

Summary of Changes

Classification:
 • Pg. 5, Section II, B, additional language added to clarify the use of predictive testing. Also, additional testing (9) added under II. Language also updated to reflect specialty physicians ordering predictive genetic testing have clinical expertise in the specific clinical areas for which the testing is being done.

Division:
 • Addition:
 • Addition:
 • Addition:

I. DESCRIPTION

A. Genetic Counseling* Genetic counseling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates the following:

1. Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.
2. Education about inheritance, testing, management, prevention, resources and research.
3. Counseling to promote informed choices and adaptations to the risk or condition.
4. Discussion of the ethical and legal aspects of autonomy, privacy, equity and confidentiality as applied to each individual seeking genetic testing.
5. Psychosocial aspects should be addressed during the pre-test and post-test counseling sessions surrounding any genetic testing.

*From "Genetic Counseling: An American Society of Human Genetics Position Statement" (2000)

Genetic counselors are defined by the plea or American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) doctorate level-trained genetic counseling professionals who are certified by the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) as genetic counselors or physician specialists in medical genetics or clinical genetics.

B. Genetic Testing. A genetic test is the use of a laboratory test to identify or measure a person's genetic characteristics, or certain metabolites in order to acquire a diagnosis. This can be accomplished through a variety of methods, including:

- screening for a specific genetic condition
- The US tinue referral women out description dence.)
- The U ily history i

CLINICAL GUIDELINES

Aetna Prior Authorization Request Form For Breast and Ovarian Cancer Screening by Molecular Testing

Sample Collection Date	Member ID Number or Subscriber Social Security Number	Date of Birth	Member Name
Member Address		Member Telephone Number	

Risk Criteria Category:

Women with a personal history of ovarian¹ cancer.

Women with a personal history of breast cancer² and any of the following:

1. Breast cancer is diagnosed at age 45 years or younger; or
2. Breast cancer is diagnosed at age 50 years or younger, with any of the following. The member has:
 - a. at least one close blood relative³ with breast cancer at age 50 years or younger; or
 - b. at least one close blood relative³ with epithelial ovarian cancer; or
 - c. bilateral breast cancer or two primaries, with first diagnosis age 50 years or younger; or
 - d. limited family structure⁴ or no family history available because member is adopted.
3. Breast cancer is diagnosed at any age, with any of the following:
 - a. at least two close blood relatives³ on the same side of the family with breast cancer and/or epithelial ovarian cancer at any age; or
 - b. the member has two breast primaries⁴ and also has at least one close blood relative³ with breast cancer diagnosed at age 50 or younger; or
 - c. the member has two breast primaries and also has at least one close blood relative³ with epithelial ovarian cancer; or
 - d. at least one close blood relative³ with breast cancer or

1. Ovarian cancer includes mucinous, serous, endometrioid, clear cell, and undifferentiated. 2. Breast cancer includes ductal carcinoma in situ, ductal carcinoma, lobular carcinoma in situ, lobular carcinoma, and mixed ductal/lobular carcinoma. 3. Close blood relatives include first-degree relatives (parent, child, or sibling), second-degree relatives (grandparent, grandchild, aunt, or uncle), and third-degree relatives (great-grandparent, great-grandchild, great-aunt, or great-uncle). 4. Limited family structure includes a member who is adopted, a member who is the only child of a parent, or a member who is the only grandchild of a grandparent.

Informed Consent for Genetic Testing
 Patient Education Information for use with the Michigan Model Consent Form for Genetic Testing

Annals www.annals.org

For More Information

Michigan Cancer Genetics Alliance
Directory of Cancer Genetics Service Providers

Ann Arbor | Battle Creek | Dearborn | Detroit | East Lansing | Farmington Hills | East Grand Rapids | Grosse Pointe Woods | Haslett/Kalamazoo | Lansing | Medical | Muskegon | Okemos | Royal Oak | St. Joseph | Southfield | West Bloomfield

Clinic/Office Address	Certification	Types of Cancer
Breast & Ovarian Cancer Risk Evaluation Program University of Michigan Cancer Center 1500 E. Medical Center Dr. Ann Arbor, MI 48109 734-764-0107	Kara Milron, MS, CGC	X X X X X
Cancer Genetics Clinic Cancer and Genetics Center University of Michigan Cancer Center 1500 E. Medical Center Dr. Ann Arbor, MI 48109-0630 734-647-8666	Stephen B. Gruber, MD, PhD Eliane Maron, MS, CGC Jessica E. Swank, MS, CGC Victoria Raymons, MS, CGC Jessica Dymshak, MS	X X X X X

www.migeneticsconnection.org

Battle Creek

Clinic/Office Address	Contact Person(s)
The Cancer Care Center 300 North Ave. Battle Creek, MI 49017 269-966-8547	Gretchen Iteff, MS, CGC Susan DeRuber, RN

Information on Cancer Genetic Testing and Counseling:

MCGA Guide to the Genetic Testing and Counseling Process
http://www.migeneticsconnection.org/cancer/intro_2.html

MDCH Cancer Genomics Terminology Sheet
<http://www.migeneticsconnection.org/cancer/Terminology.pdf>

Michigan's Informed Consent Law for Genetic Testing
http://www.michigan.gov/documents/InformedConsent_69182_7.pdf

MCGA Cancer Genetics Services Directory of Clinics
<http://www.migeneticsconnection.org/cancer/directory.html>

Or call 1-866-852-1247

<http://www.egappreviews.org/>

Recommendations from the EGAPP Working Group: can tumor gene expression profiling improve outcomes in patients with breast cancer? (2009)
<http://www.egappreviews.org/docs/EGAPPWG-BrCaGEPRec.pdf>

Impact of Gene Expression Profiling Tests on Breast Cancer Outcomes (2008)
<http://www.ahrq.gov/downloads/pub/evidence/pdf/brcancergene/brcangene.pdf>

Tumor Gene Expression Profiling in Women with Breast Cancer
<http://knol.google.com/k/cecilia-bellcross/tumor-gene-expression-profiling-in/39jrm5vo7vhuaf7collectionid=1mzqt0rcvdd.12&position=3#>

CDC National Office of Public Health Genomics site on genetic testing for colorectal cancer and Lynch Syndrome
<http://www.cdc.gov/genomics/gtesting/EGAPP/recommend/lynch.htm>

Michigan.gov
Department of Community Health
The Official State of Michigan Website

Promoting Cancer Genomics Best Practices through Surveillance, Education and Policy Change in the State of Michigan, 2008-2011

The MDCH Genomics Program, in collaboration with the CDC Office of Public Health Genomics, is identifying and promoting cancer genomics best practices for appropriate translation of cancer genetic tests and gene profiling tests into clinical and public health practice. Best practices include:

- 1) Identifying a model health insurance policy for BRCA1 & 2 cancer genetic testing
- 2) Implementing educational activities;
- 3) Identifying the need for health plan policy changes in relation to the US Preventive Services Task Force Guidelines for the use of BRCA testing.

Methods:
The core MDCH team includes a project director, coordinator, cancer genomics educator and epidemiologist. In addition, we have identified the partners needed to 1) develop a surveillance system to monitor the use of genetic counseling and testing for BRCA1/2, and the use of genetic tests for colorectal cancer (Lynch Syndrome); 2) implement educational activities; and 3) identify the need for health plan policy changes in relation to the US Preventive Services Task Force Guidelines for the use of BRCA testing. Multiple different activities will address each of these objectives. For further details, please see our logic model.

www.michigan.gov/genomics

MCC
Michigan Cancer Consortium

Building bridges with communities and organizations to fight cancer

Spotlight
The Community Network Collaborative Breast Cancer Screening Project is a Detroit Community Network Program project that brings together five organizations to provide breast health awareness, mammography screening, and system navigation to underserved African-American women in the city of Detroit and the surrounding area. [Read more](#) about this award-winning project.

Surveillance
cancer deaths in Michigan residents use of cancer genetic services and tests

Michigan Cancer Surveillance Program (MDCH)

Get to know your family health history

BREAST & PROSTATE CANCER INCOME

Four Clinical Cancer Genetics Sites

Visit us on facebook

Follow us on Twitter

www.michigancancer.org

April 18-24 is National Minority Cancer Awareness Week

2009 MCC Annual Meeting concurrent session available online as Webinar worth 1.5 CEUs

MCC Screening Guidelines for Early Detection of Breast Cancer

MCGA /MCC Position Paper for Healthcare Providers: Testing for Hereditary Cancer Predisposition Syndromes and Genetic Counseling

Michigan Cancer Survivorship Resource Guide

A Survey of Genetic Counselors in Michigan

Additional Activities with Michigan Association of Health Plans (MAHP)

- Brief survey to identify barriers and facilitators to BRCA policies at MAHP Annual Conference in July 2011
 - Top 2 barriers
 - inefficient access to cancer genetic experts
 - lack of coding transparency
 - Top 2 facilitators
 - frequent requests for written policy by providers
 - cancer genetic expertise among health plan staff
- *BRCA* educational workshop to key health plan administrators at MAHP CME Best Practices annually since December 2010
 - Pre-survey
 - 41% of attendees aware of USPSTF BRCA recommendation
 - Post-survey and 6 month follow-up
 - ***100% of attendees aware of USPSTF BRCA recommendation***

Summary

- Understand current status of Michigan health insurance policies for BRCA1/2 testing with respect to USPSTF guidelines
 - 15 out of 24 health plans with written policies for BRCA coverage as of 2012
 - 12 in alignment with USPSTF recommendations as of 2012
- Increase the number of health plans that have policies consistent with USPSTF guidelines
 - Increased the number of health plans that have policies consistent with USPSTF recommendations from 4 to 12 out of 24 Michigan plans as of 2012
- CDC Division of Cancer Prevention & Control used process as a model to investigate BRCA health plan policies in most states in 2011
- Georgia, Michigan and Oregon received CDC cooperative agreements from 2011-2013; foci on health plans and policy
- Ohio Cancer Genetics Network currently replicating surveillance and education with their health plans

Examples of 2012 Health Plan Policy Enhancements

- Promote USPSTF and NCCN guidelines
- New** 'BRCA Policy Dashboard' for each health plan
- New** BRCA Genetic Counseling & Testing report for each health plan
- New** education resource packet contains:
 - Same resources as previous educational packet **plus**
 - NCCN guidelines for referral and testing for those with personal and/or family history **plus**
 - NCCN guidelines for management for women with known deleterious mutation **plus**
 - Model policies from Cigna and BCBSM of above

Michigan Department of Community Health 201 Townsend St. P.O. Box 30195 Lansing, MI 48909 1-866-852-1247 (xii-fee)

MDCH
Michigan Department of Community Health
Chris Bevers, Director

Sample Health Plan Member Report on BRCA Genetic Counseling & Testing

MDCH Cancer Genetics Database (October 2007-March 2011)

Hereditary Breast and Ovarian Cancer (HBOC) syndrome, caused by a mutation in the BRCA1 or BRCA2 gene, accounts for approximately 5-10% of all breast cancer diagnoses and is associated with increased risk for breast and ovarian cancer. Displayed in the table below are the numbers of patients covered by your health plan who were seen by a board certified genetic counselor/physician from October 2007 to March 2011 for assessment of HBOC and possible BRCA genetic testing. Data on over 5,800 patients includes those with a personal history of cancer and those with a significant family history of cancer as determined by the USPSTF Grade B recommendation statement. In addition, we have outlined the total number of SAMPLE HEALTH PLAN patients who received BRCA testing during this timeframe and the total number of patients not tested reporting "inadequate insurance coverage" as the primary reason not to test.

For questions regarding this report, please contact the MDCH Cancer Genomics Team at 1-866-852-1247 or email genetics@michigan.gov.

Patients Accessing Genetic Counseling for BRCA		
	Health Plan	Michigan Clinical Network Total
	Number (%)	Number (%)
Patients counseled		
With personal history of breast/ovarian cancer	### (%)	### (%)
USPSTF family history (no personal history)	### (%)	### (%)
Patients tested after counseling		
With personal history of breast/ovarian cancer	### (%)	### (%)
USPSTF family history (no personal history)	### (%)	### (%)
Patients not testing due to inadequate insurance		
	###	###

These data include genetic counseling visits from October 1, 2007 - March 31, 2011 as reported to MDCH through a statewide network of board-certified genetics professionals. Special thanks to the following institutions whose de-identified patient information was included in these analyses: Beaumont Health System Cancer Genetics Program, Henry Ford Health System, InformedDNA, Karmanos Cancer Institute Genetics Service, 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, University of Michigan Cancer Genetics Clinic, and University of Michigan Breast and Ovarian Cancer Risk and Evaluation Program. Without the commitment and effort of these institutions, this work would not be possible.

* Those counseling service providing data on patients residing in Michigan only

BREAST CANCER GENOMICS BEST PRACTICES

for Michigan Health Plan Partners



Hereditary Breast and Ovarian Cancer Syndrome (HBOC)

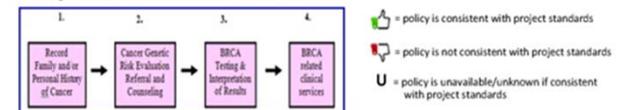


SAMPLE HEALTH PLAN BRCA Policy Dashboard



This score card was created for **Sample Plan** 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 MDCH Cancer Genomics Program staff call 1-866-852-1247 or email genetics@michigan.gov. If this scorecard 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

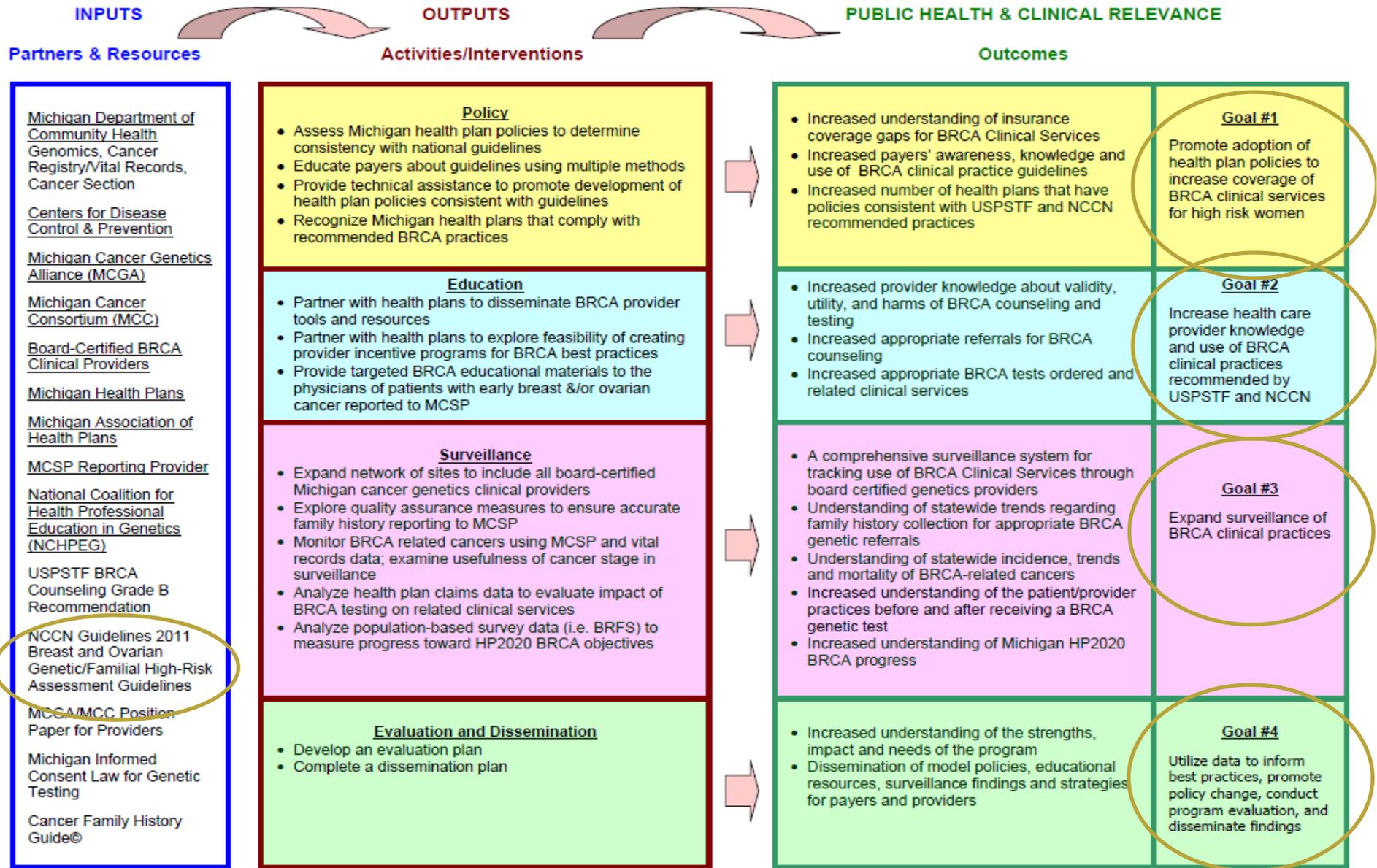


Your health plan has written policies related to BRCA that...	
1. Include coverage for the following individuals:	
• Adults with a personal history of breast and/or ovarian cancer. ¹	👍
• Adults with a family history of breast and/or ovarian cancer. ^{1,2}	👎
2. require or strongly recommend genetic counseling prior to BRCA 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) ³	
• Mammography	👍
• MRI of the Breast	👍
• Prophylactic Mastectomy	U
• Prophylactic Oophorectomy	U
• Breast Reconstruction and Prostheses	U
• Genetic Testing for Susceptibility to Breast and Ovarian Cancer	U
• Genetic Counseling	U

1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology "Genetic/Familial Risk Assessment: Breast and Ovarian" version 1.2012, accessed July 2012 from www.nccn.org. 2. U.S. Preventive Services Task Force: Genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility: recommendation statement. Ann Intern Med 2005; 143: 355-361.

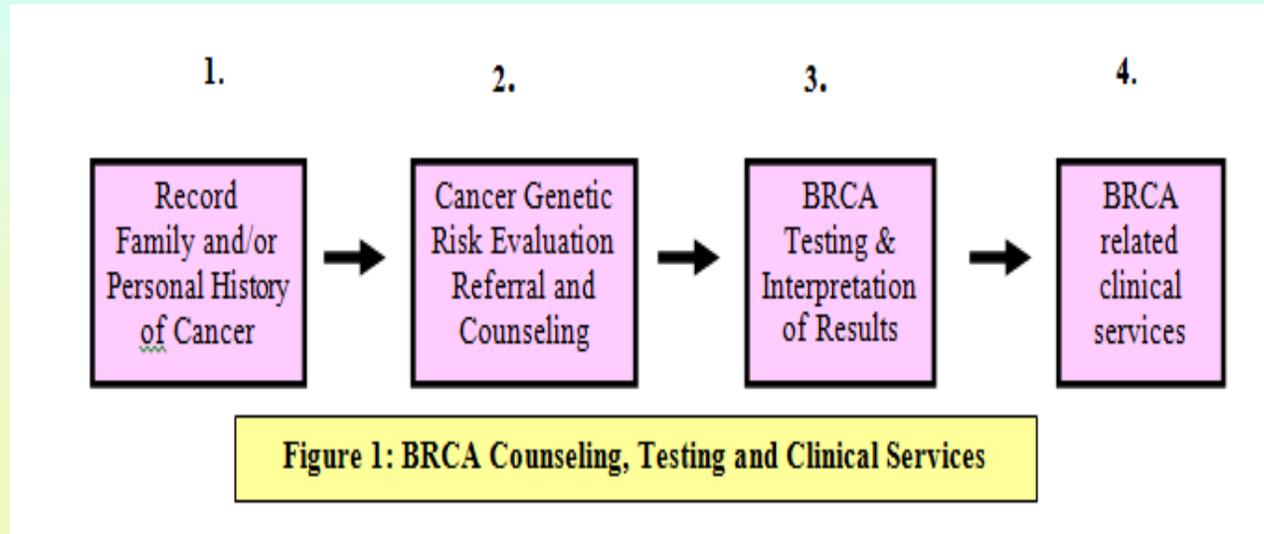


Enhancing Breast Cancer Genomics Best Practices and Policies in the State of Michigan



Ultimate Impact: A reduction in breast cancer deaths at a young age and ovarian cancer deaths in Michigan

Ensure Appropriate Translation of “BRCA Clinical Services”



- 1. Documentation of key cancer family history and personal history elements to conduct risk assessment***
- 2. Referrals to genetic counseling services of patients at high risk for deleterious BRCA mutations based on personal and/or family history of cancer***
- 3. Appropriate BRCA testing with prior written informed consent explaining risks, benefits and limitations of BRCA testing and appropriate interpretation of test results***
- 4. Provision of related clinical services/interventions for patients with a known deleterious BRCA mutation.***

Michigan Cancer Surveillance Program (MCSP)

- Statewide reporting since 1985
- Registry established by law (Act 82 of 1984)
- Includes in situ or invasive malignancies other than basal or squamous nongenital skin; benign brain and CNS tumors since 2004
- ~64,000 new reportable cases per year
- Reported through 2 sources:
 - National Program of Cancer Registries (NPCR)
 - National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program
- Collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of initial treatment



Single Primary Cancers

- Number of cancer cases in 2006-2007 with a diagnosis at any age for the following :
 - Colorectal (Lynch)
 - Male Breast (*BRCA*)
 - Ovarian (*BRCA* & Lynch)
- Number of cancer cases in 2006-2007 with a diagnosis between 18-49 years for the following:
 - Female Breast (*BRCA*)
 - Endometrial (Lynch)

Multiple Primaries Methods

- 1990-2007 cancer registry data, with at least one diagnosis in 2006 or 2007
- Multiple primaries defined as two or more *BRCA1/2* or HNPCC- potentially related cancers that were classified as separate primary tumors
- Examples of multiple primaries:
breast-breast, breast-ovarian, colorectal-endometrial, and colorectal-colorectal
- Oregon has also examined cancer registry data using similar methods

Facility-specific Profiles



Jennifer M. Granholm, Governor
Janet Olszewski, Director

A Cancer Genetics Profile: Prepared for *Sample Hospital*



Focusing on Your Patients' Hereditary Cancer Risk

March 1, 2010



201 Townsend St. P.O. Box 30195 Lansing, MI 48909 1-866-852-1247 (toll-free)

Sample Facility Specific Cancer Genetics Data Report (2006-2007) on Hereditary Breast and Ovarian Cancer Syndrome (HBOC) and Lynch Syndrome

Michigan healthcare facilities are required to report all cancer diagnoses to the Michigan Cancer Surveillance Program (MCSP) within the Michigan Department of Community Health (MDCH). MDCH has compiled state-wide registry data as well as facility-specific data, in order to provide you with the number of patients at your facility who may be at risk for HBOC syndrome or Lynch syndrome, also called Hereditary Non-Polyposis Colorectal Cancer (HNPCC). These patients should have a formal risk assessment by a suitably trained health care provider to discuss the appropriate indications for genetic testing. HBOC accounts for approximately 5-10% of all breast cancer diagnoses and is associated with increased risk for ovarian cancer. Approximately 3-5% of all individuals with colorectal cancer will have Lynch syndrome, which is associated with an increased risk for endometrial and ovarian cancers. Proper documentation and discussion of the above and related cancers, along with demographic features suggestive of a hereditary cancer syndrome, is critical. Individuals diagnosed with early onset cancers, multiple primary diagnoses, or rare cancers are at risk for hereditary cancer syndromes and may benefit from increased cancer surveillance, genetic testing, or special medical management.

Table 1. Age 18-49 at diagnosis	Sample Facility 2006 - 2007	Michigan 2006 - 2007
Breast (female)	199	3,025
Endometrial	30	459

Table 1. Number of early onset female breast and endometrial diagnoses within your health system and within Michigan.

Table 2. All ages	Sample Facility 2006 - 2007	Michigan 2006 - 2007
Colorectal	476	10,340
Ovarian*	127	1,544
Breast (male)	12	147

Table 2. Number of colorectal, ovarian* cancer and male breast diagnoses within your health system and within Michigan.

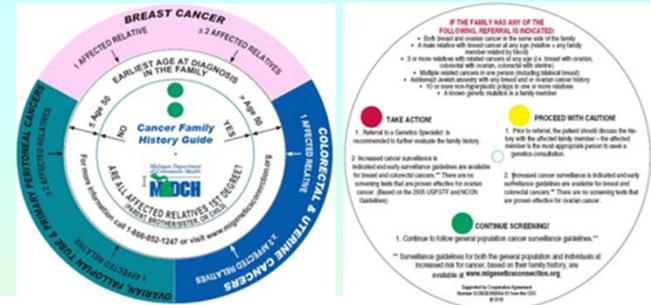
Table 3. All ages	Sample Facility 2006 - 2007	Michigan 2006 - 2007
Multiple primary cancer diagnoses	106	1,985

Table 3. Number of people with multiple cancer diagnoses between 1990 to 2007 with a cancer diagnosis in 2006-2007 including: breast-breast, breast-ovarian*, ovarian*-ovarian*, colorectal-colorectal, colorectal-endometrial, colorectal-ovarian*, endometrial-endometrial, ovarian*-endometrial.

* All ovarian cancer data also include those cases diagnosed with cancer of the fallopian tube. Patient names associated with the reported diagnoses can be sent to a designated person in your facility upon request. If requested, the names will be disclosed to your facility using current confidentiality rules.

Contents

- Introductory letter
- Guidelines
 - USPSTF *BRCA*
 - EGAPP Lynch syndrome
- Data Report
- MCGA Directory of Cancer Genetics Services
- Resources: informed consent brochure, newsletters, fact sheets
- Front cover: Resource CD, MDCH fact cards, and our new pocket guide
- Assist facility to meet ACOS Cancer Program Patient Care Improvement Standards 6.2 or 8.2
- **Since November 2011 also highlight New Commission Cancer Genetic Counseling Standards**



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

May 2010

Dear Healthcare Partner:

The Michigan Department of Community Health (MDCH) is pleased to provide this Cancer Genetics Profile. The profile highlights the number of cancer patients at your facility who may be at risk for **Hereditary Breast and Ovarian Cancer (HBOC) syndrome** or **Lynch Syndrome** (also called Hereditary Non-Polyposis Colorectal Cancer Syndrome or HNPCC). Patients who have early onset cancer, multiple primary diagnoses of cancer, rare cancer, or a significant family history are at increased risk for the above conditions. These patients should be offered genetic counseling to discuss the risks, benefits, and limitations of genetic testing and to evaluate the need for increased cancer surveillance. Identifying those at risk for hereditary cancer benefits patients and family members who may be unaware of the familial risk.

As you may know, healthcare facilities in Michigan must report cancer diagnoses to the Michigan Cancer Surveillance Program (MCSF). We analyzed case reports received in 2006-07 to create a summary specifically for your facility. In addition, your facility's cancer registrar will be sent the names of patients who might be at increased risk for hereditary cancer so you may determine whether appropriate genetic services were offered. Included in this profile are:

- Facility Report with the number of cancer patients at your facility who may be at risk for hereditary disease
- Clinical recommendations for patients with a family history of breast and/or ovarian cancer
- Clinical guidelines for the evaluation of Lynch syndrome in colorectal cancer patients
- Genetic and Family History resources and resource CD with additional printable patient and provider education resources
- The Michigan Informed Consent Law Booklet
- Contact information for the Cancer Genomics Educator at the Michigan Department of Community Health

The resources and services provided in this profile may also be used to meet the American College of Surgeons (ACOS) Cancer Program Patient Care Improvement Standards. Standards 6.2 and 8.2 focus specifically on early prevention or detection programs and improving direct patient care respectively. MDCH is sharing your facility's data with you in order to promote evidence-based practices for the appropriate use of genetic services and tests. Your individual report will not be shared with any parties outside your health system and is for internal use only.

The MDCH cancer genomics educator, Ms. Jenna McLosky, MS, CGC, is available to discuss this report in greater detail. If you would like to order copies of the enclosed resources or schedule an on-site training about hereditary cancer, please contact Ms. McLosky at 617-335-8826 or mdlosky@michigan.gov.

Thank you for helping to promote cancer genomics best practices within the state of Michigan.

Sincerely,

Gregory S. Holzman, MD, MPH
Chief Medical Executive



Acknowledgements



Clinical Sites

Beaumont Hospital

Henry Ford Health System

Karmanos Cancer Institute

Oakwood Hospital

University of Michigan, Breast Cancer Risk

Assessment Clinic

University of Michigan, Cancer Genetics Clinic

Informed Medical Decisions, Inc

Michigan State University

St. John-Providence West

Spectrum Health

St. Mary's Hospital

St. Joseph's Hospital

Marquette General Hospital

Mid Michigan Cancer Center

West Michigan Cancer Center

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

Wayne State University

Emory University

**National Coalition for Health Professional
Education in Genetics (NCHPEG)**

New 2012 Important Cancer Genomics Resources

- Cancer Resource Foundation, Inc. provides Genetic Testing Co-Pay Assistance Program
 - 2012 pilot in Massachusetts, Michigan, Ohio, Indiana and Illinois
 - Since January 2012, Michigan has had 47 health care providers enroll
 - Co-pay assistance provided to 15 Michigan residents for 18 cancer genetic tests
 - Now being introduced to all states
 - Provides co-pay assistance for genetic testing for hereditary cancer syndromes (up to approximately \$520)
 - Eligible patients must have insurance; meet specific income criteria (<250% Federal Poverty Threshold); meet NCCN guidelines for testing



The screenshot displays the Cancer Source website interface. At the top, the logo "cancer source" is visible, along with navigation links for "GET HELP", "LEARN", and "DONATE". Below the header, a tagline reads "One source for free, customized cancer resources. by Cancer Resource Foundation, Inc." The main content area is titled "Genetic Testing Programs" and includes a sub-header "Financial assistance programs offered by the Cancer Resource Foundation". A prominent orange "Apply Now >" button is positioned next to a photograph of a family. Below the photo, text explains eligibility for free genetic testing based on insurance coverage and provides a link to "Program Details...". A secondary orange button labeled "Am I Eligible?" is also present. On the left side of the page, a "GET HELP" sidebar lists various programs such as "Genetic Testing Programs", "Post-Mastectomy Products and Services", and "Get Help with Costs". A "BROWSE ALL RESOURCES FOR MA RESIDENTS" section lists categories like "Transportation", "Meals", "Housing", "Support Groups", "Genetics", and "All Resources". At the bottom, a "SEARCH" section includes a "Search Resources" option.

Thank you!

Funding for these projects were made possible by multiple cooperative agreements from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the author and does not necessarily represent the official views of CDC.