ACS NAPBC National Accreditation Program for Breast Centers American College of Surgeons

Optimal Resources for Breast Care 2024: Improving Standards; Improving Quality

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Understanding the Genetics Standard

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Disclosures

- Nothing to Disclose

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Genetics Standard

- Who can do testing- “genetic professionals”
- CME and genetic professionals
- Alternative service delivery models

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Who are Genetic Professionals?

- Board certified/eligible American Board of Genetic Counseling
- Board certified/eligible American Board of Medical Genetics and Genomics
- Advanced genetics nursing certification from the American Nurses Credentialing Center
- Advanced Clinical Genomics Nurse from the Nurse Portfolio Credentialing Committee
- City of Hope intensive course
- Qualified, licensed, health care professional with Cancer Genetic Risk Assessment certification from the NCBC
- Qualified, licensed health care professional with Advanced Oncoloby Certified Nurse Practitioner credentials or equivalent certification from the Oncology Nursing Certification Corporation
- Board certified/eligible MD with experience in cancer genetics

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Genetic Professionals

If we refer genetic testing to an outside source (company, etc…), do we need to provide proof/verification of their qualified genetic professionals?

- Yes. If genetic testing/counseling is provided by a telegenetics company or a facility outside the NAPBC-accredited program, the referred company or facility must utilize genetic professionals who meet who meet one of the qualifications listed in Standard 4.4.
- The telegenetics company or facility outside your NAPBC program should provide some documentation of the genetic professional’s credentials/licensing/training

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Genetics Standard 5.5

- NAPBC sites should consider genetic testing for:
  - Newly diagnosed breast cancer patients
  - Patients determined to be high risk for cancer predisposition
- NAPBC sites need a protocol for genetic counseling/testing
  - Evaluation/counseling
  - Provide written/electronic documentation of the genetic evaluation
  - Help patients inform at risk family members and/or provide cascade testing
  - Refer to a genetic professional abnormal test results

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Genetics Standard 5.5

- Documentation/Evaluation:
  - Chart review
  - Protocol
  - BPLC minutes evaluating the genetics program at the site
    - Once every accreditation cycle

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Genetic Standard 5.5 Alternative Service Delivery Models

Alternative Service Delivery Models	
Tumor-First Testing Models	In this model, genetic screening is first performed on tumor tissue, often as part of the pathology workflow, with genetic counseling by the genetic professional offered based on the tumor results. Considerable care must be taken when using this model to ensure proper informed consent. Clinicians must also be aware that, depending on the type of tumor testing employed, the chance of missing a germline genetic variant is high, and the clinicians must also be sure to perform proper risk assessment and genetic testing based on other personal and family risk factors present in the patient.

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Genetic Standard 5.5 Alternative Service Delivery Models

Direct Genetic Testing	In the direct model, patients are offered genetic testing with little to no pre-test discussion. Written documents, recorded videos, or other resources may be provided instead of genetic counseling. Considerable care must be taken to ensure appropriate informed consent is completed with each patient. Clinicians must also be wary to avoid the potential negative outcomes of this model, including unnecessary prophylactic surgeries, unnecessary testing, psychosocial distress, and false reassurance from results leading to inappropriate medical management. Post-test genetic counseling by a genetic professional is crucial in this model to ensure proper understanding of the test results, and optimal medical management of the patient.

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Genetic Standard 5.5 Alternative Service Delivery Models

Direct Access/ Direct-to-Consumer-Testing*	This model is not currently appropriate for all patients and may only be most suitable for curious patients, and those without access to counseling due to financial limitations. This testing is prone to false-negatives and false-positives as it is not designed as a clinical test. Any variants found on a direct-to-consumer test must be confirmed in a CLIA-certified laboratory. Direct-to-consumer testing results should be reviewed by a healthcare provider experienced in genomics, and interpreting such test results.* ***This delivery model does not currently meet the measure of compliance for genetic services as required by Standard 5.5.**

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Genetic Professionals and CME

- Genetic professionals are required to obtain 2 total hours of genetics related CME or NCPD each calendar year
  - CME must focus on cancer genetics or hereditary cancer predisposition syndromes
  - Any combination of credits (0.25, 0.5, 1.0) is acceptable
    - Example: 8 0.25 credits, two 1.0 NCPD, 4 0.5 credits
  - Attending MBCC does not count
  - Educational activities provided by genetic testing companies on how to perform genetic testing do not count

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Genetic Professionals and CME

- If genetic testing is performed by an outside company, program must get a letter of attestation from the company that the genetic professional is compliant with the CME requirement
- CME and NCPD credits earned for Stds 4.1 (physician credentials) and 4.2 (nursing credentials) can be used for genetic CME provided they are focused on cancer genetics or hereditary cancer predisposition syndromes

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Genetic Professionals and CME

- For a physician who is a “genetic professional” based on experience in genetics (not a genetic counselor or geneticist), do they need CME for breast disease and CME for genetics or can they “double dip”?
  - They need both “genetic” CME and “breast” CME

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Questions?

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