

## **Genetics Standard**

• Who can do testing- "genetic professionals"

ACS NAPBC Mental Acceditation Program

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ACS NAPBC

- 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 <u>consider</u> genetic testing for:
  Newly diagnosed breast cancer patients
- Patients determined to be high risk for cancer predisposition
  NAPBC sites need a <u>protocol</u> for genetic counseling/testing
  - Evaluation/counseling
  - o Provide written/electronic documentation of the genetic evaluation

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- $\circ$  Help patients inform at risk family members and/or provide cascade testing
- $\circ\,\mbox{Refer}$  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

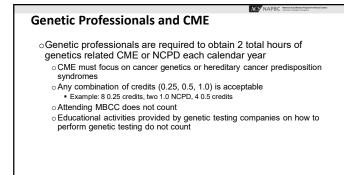
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	Alternative Service Delivery Models	
	In this model, genetic screening is first performed on tumor tissue, often as part of the pathology workflow, with genetic counseling by the genetic professional offered	
Tumor-First Testing Models	based on the tumor results. Considerable care must be taken when using this mode 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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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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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 faise-negatives and faise-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 b 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**

 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

ACS NAPBC Anterior Accounting Program

ACS NAPBC Mental According to Append

oCME 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 <u>both</u> "genetic" CME and "breast" CME

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