BACKGROUND

- The most significant recent advancements in the treatment of people with gynecologic cancers have focused on identifying genetic predisposition to cancer among those with or at risk of gynecologic cancer.

- The current paradigm for genetic counseling and testing is not sustainable, as a shortage of genetic counselors creates a bottleneck and barrier to this evaluation—new models for the delivery of this information are essential.

OBJECTIVES

Streamline identification of people with genomic predisposition to cancer by implementing a sustainable method for genetic evaluation

APPROACH

Plan-Do-Study-Act (PDSA) model

Stakeholder focus group
21 stakeholders
2 facilitators
Focus on shared goals
Holes in workflow noted

Problem Statement

- Historically, newly diagnosed gynecologic cancer patients at Mount Sinai have not had timely comprehensive pre and post testing genetic counseling due to a lack of availability of appointments for in-person counseling.
- Omission of this service could interfere with the completion of testing, impact treatment plans and have significant implications for family members.

Aim Statement

Alternative implementation strategies will ensure 100% of patients receive pre and post-test counseling.

APPROACH

Current state

- 18% referred for genetic counseling
- Of those referred, 80% underwent counseling
- 100% completed testing — 85% without counseling
- Time to testing as long as 8 months
- 1/3 of patients had non-negative results (pathogenic mutation or VUS) and would have benefited from counseling

Optimized Workflow

At post op visit

- Telegenetics
- Target treatment
- Screening

- Engaged geneticist, genetic counselors, administrators, physicians, nurses
- Educational video for pre-test counseling
- Testing done at postoperative visit
- At time of testing, appointment made for 3 weeks later
- Telegenetics for post-test counseling
- Standardized documentation and materials to facilitate cascade testing

RESULTS

Post implementation: 6 month prospective data

<table>
<thead>
<tr>
<th></th>
<th>Traditional Approach</th>
<th>New Paradigm</th>
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<tbody>
<tr>
<td>Pre-test Counseling</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Testing</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Post-test Counseling</td>
<td>40%</td>
<td>77%</td>
</tr>
</tbody>
</table>

- Time to testing 2 weeks- 2 months
- 1/3 of patients had non-negative results
- Post-test counseling offered to all
- Among positives, 75% referred for cascade testing
- Negative genetic testing triggers genomic evaluation of tumor

CONCLUSIONS AND IMPACT

- Stakeholders --previously at odds -- engaged and united to create an optimized workflow
- Implementation enabled best practices and improved turn around time
- Demystified the role of genetic counselor, countering genetic exceptionalism
- COVID crisis forced consideration of alternate delivery platforms ultimately streamlining and improving patient care

NEXT STEPS

- Expanding telegenetics system-wide
- Previvor Program: Menopausal Medicine and Sexual Health telehealth clinics have launched
- Marketing
- Cascade Clinic has launched
- Seminar Series
- Elective

Presented at the 2020 ELAM® Leaders Forum