

Category 1-C. Programs 4. High Risk Program

Good Samaritan Hospital Medical Center (GSHMC)
Bonnie Edsall, RN, BSN
Christina Egan, RN
Patricia Burke, RN
Diana Moglia, MS, CGC
bonnie.edsall@chsli.org
631-681-1968
Fax: 631 376-3743

Hereditary Breast Cancer Screening Program in a Community Hospital

Objective: Develop a process to streamline identification of patients at hereditary risk for breast cancer in a busy community-based Breast Health Center (BHC). Develop a mechanism to track referrals and maximize patient follow-through.

Method: A performance improvement initiative was developed to identify BHC patients at risk for hereditary breast cancer.

- The nursing staff of the BHC met with the genetic counselor in April of 2007 and outlined a plan to educate GSHMC attending physicians and nursing staff about hereditary breast cancer and to familiarize these individuals with the National Comprehensive Cancer Network (NCCN) guidelines for identification of high risk individuals who would benefit from referral to the genetic counselor.
- A mailing was sent to the obstetrician-gynecologist, medical oncologists, and surgeons outlining the cancer genetic counseling services available in the BHC and the criteria for a genetic counseling consultation.
- The genetic counselor provided several didactic lectures for the GSHMC staff regarding the new cancer genetic program and the identification of high risk patients. Genetic counseling and genetic testing for breast cancer risk is highlighted in all community lectures given by the breast health educator (BHE).
- Our breast health history form was updated to capture all relevant personal and family history of cancer. A check box for indicating that a particular patient was referred for genetic counseling was added to the surgical flow sheet used by the breast health educator.
- The BHC/Mammography Suite nursing staff educated the technologists and created a logbook of high risk patients. Mammography folders of identified patients are clearly identified with a stamp as a reminder to the staff to question patients about follow-through at their next visit.
- Educational laminated 8.5x11 poster boards entitled "Genetic Counseling and Genetic Testing for Breast Cancer Risk: Frequently Asked Questions" are displayed in the mammography suites. Patient-friendly brochures describing cancer genetic counseling are available in high-traffic patient care areas.
- Quarterly meetings were set up to review appropriateness of referrals and to track patient follow-through.

Results: 2008: 41,710 Breast screening and diagnostic procedures

Identified high risk patients: BHE- 2007:22, 2008: 81, Mammography Suite-2007: 118, 2008: 102

Genetic Consults: 2007 =102 2008: 180

BRCA1/2 positive: 2007=10, 2008= 11, (3 patients referred after testing positive)

Positive for Lynch Syndrome: 2007=4, 2008=3

Conclusion: Through this educational initiative, incorporating all members of the health care team, identification of high risk patients have increased, resulting in appropriate referrals to the genetic counselor thus optimizing patient's choices and outcomes.