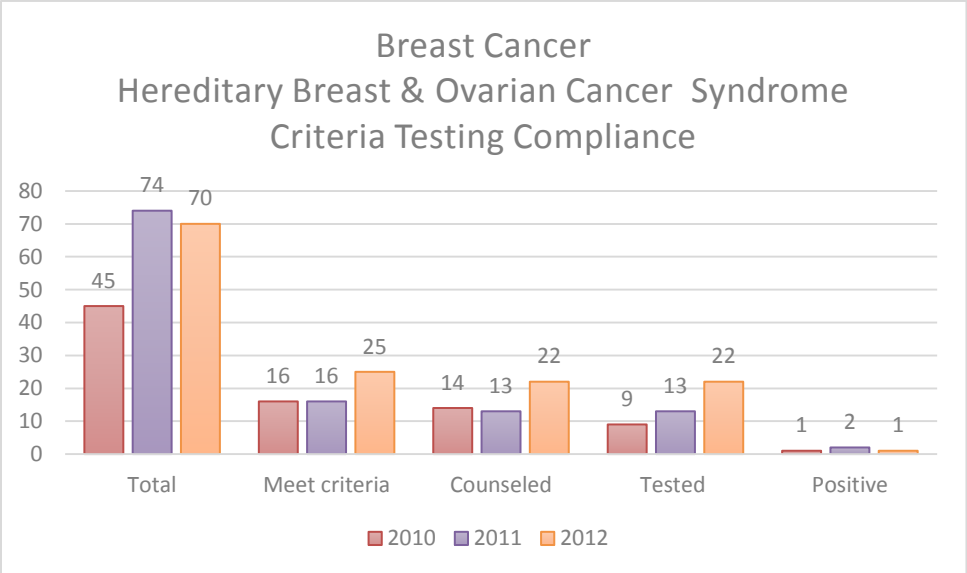
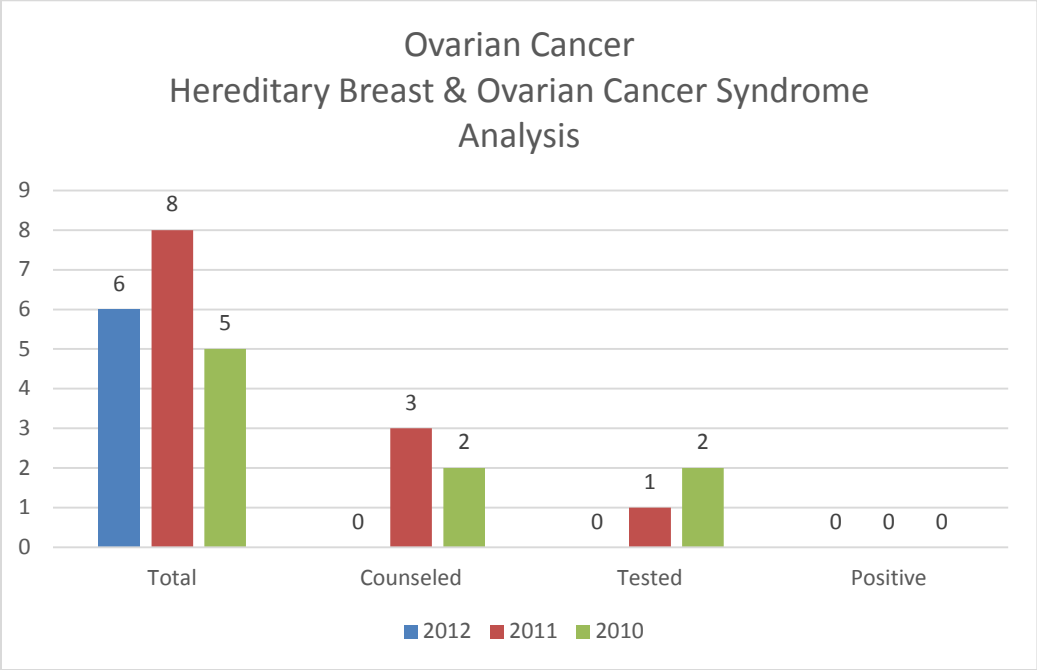
Contra Costa Regional Medical Center completed two cancer program quality studies in 2013 due to the emerging science that links genetics to breast cancer. In order to ensure our patients receive comprehensive management of their cancer we reviewed our process of assessing for genetic risk in individuals with breast and ovarian cancer.

A review of records for all newly diagnosed breast and ovarian cancer patients in 2010, 2011, 2012 was conducted to identify all affected patients who met criteria for genetic testing for Hereditary Breast and Ovarian Cancer Syndrome (HBOCS). For patients who met the criteria, we verified whether there was documentation confirming counseling and testing, or whether there was documentation citing the reason testing was not done. We identified patients as not being counseled if they met criteria and were not tested, and if there was no documentation supporting the decision for not testing. The goal is 100% counseling for patients who met criteria for HBOCS testing.

The results are as follows:





For breast cases:

- In 2010, there were 16 cases who met the criteria, 14 were counseled, 9 were tested, and 1 was positive.
- In 2011, there were 16 cases who met the criteria, 13 counseled, 14 tested, and 2 positive.
- In 2012, there were 25 cases who met the criteria, 22 were counseled, 22 were tested, and 1 positive.

For Ovarian Cases:

- In 2010, 5 cases were eligible, 2 were counseled, 2 were tested, and 0 were positive.
- In 2011, there were 5 cases who met the criteria, 2 counseled, 2 tested, and 0 positive.
- In 2012, there were 6 cases who met the criteria, 3 were counseled, 0 were tested.

Some of the challenges noted were the lack of standard procedure for

identification of patients who met criteria. While program standard workflow was not established, there was a high compliance rate, according to NCCN guidelines within institution. Standardized documentation for counseling and results prior to EMR provided challenges to be certain counseling or testing was completed. Follow up for patients as NCCN guidelines change was also identified as needing review.

Based on these studies, genetic evaluation is now integrated into the standard evaluation for all our patients and their families with either breast or ovarian cancer.