

4.4 Genetic Counseling and Risk Assessment

Definition and Requirements

Cancer risk assessment and genetic counseling are the processes to identify and counsel people at risk for familial or hereditary cancer syndromes. Purposes of cancer genetic counseling are to: educate patients about their chance of developing cancer, help patients obtain personal meaning from genetic information, and empower patients to make educated, informed decisions about genetic testing, cancer screening, and cancer prevention.

Policy and Procedure for Genetic Counseling and Risk Assessment Services

Cancer programs must develop a policy and procedure for providing cancer risk assessment, genetic counseling, and genetic testing services on-site or by referral. Genetic services not provided on-site at the facility must be provided through a referral relationship to other facilities and/or local agencies. The policy and procedure must include information/processes for the following:

- Criteria for referral for a genetics evaluation
- Identification of the genetics professionals available on-site and/or by referral
- Identification of the genetics professionals qualified to perform post-test counseling either on-site and/or by referral

Cancer risk assessment and genetic counseling are performed by a genetics professional with an educational background in cancer genetics and hereditary cancer syndromes. Specialized training in cancer genetics is required. Educational seminars offered by commercial laboratories about how to perform genetic testing are not considered adequate training.

Genetics professionals may include:

- An individual board-certified/board-eligible by American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics and Genomics (ABMGG)
- An Advanced Practice Nurse in Genetics (APNG), or an Advanced Genetics Nursing Certification (AGN-BC) credentialed through the American Nurses Credentialing Center (ANCC), or a Genetics Clinical Nurse (GCN)
- An advanced practice oncology nurse or physician assistant who is prepared at the graduate level (masters or doctorate) with specialized education in cancer genetics and hereditary cancer predisposition syndromes
 - The Advanced Oncology Certified Nurse Practitioner (AOCNP) or equivalent certification from the Oncology Nursing Certification Corporation (ONCC) is preferred.

- A registered nurse with specialized education in cancer genetics and hereditary cancer predisposition syndromes (defined as education resulting in a certification and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes)
- A board-certified/board-eligible physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes)

Programs should consider conflict of interest when choosing professionals to provide cancer risk assessment and genetic counseling.

Monitoring Genetic Assessment for a Selected Cancer Site

While it is expected that programs provide genetics assessment for all relevant cancers on an on-going basis, each calendar year programs must identify a process pursuant to evidence-based national guidelines for genetic assessment for a specific cancer site. Some examples include, but are not limited to: colon, breast, ovarian, endometrial, pancreatic, and prostate. The process must address identifying individuals for whom further genetic risk evaluation for the selected cancer site is indicated and making appropriate referrals for genetic evaluation/counseling to see if genetic testing is indicated.

Programs may repeat the same site year to year, but it is encouraged that the program evaluate different sites over time.

Evaluating Genetic Counseling and Risk Assessment Services

Each calendar year, the cancer committee must review the policy and procedure for genetic assessment and referral for genetic evaluation/counseling.

The cancer committee must review and document in the minutes:

- The number of patients identified as needing referrals for the selected cancer site each year, and
- How many patients identified as needing referrals for the selected cancer site received a referral for genetic counseling
 - It is encouraged, but not required, that programs track whether patients who received referrals ultimately had genetic counseling

If available, it is recommended that a genetics professional attend the cancer committee meeting to lead the discussion and provide the report.

Documentation

Submitted with Pre-Review Questionnaire

- Policy and procedure for providing cancer risk assessment, genetic counseling, and genetic testing services on-site or by referral that includes all required elements
- Cancer committee minutes that document the required yearly evaluations of the genetic counseling and risk assessment services.

Note: Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. Cancer risk assessment, genetic counseling, and genetic testing services are provided to patients either on-site or by referral by a qualified genetics professional.
2. A policy and procedure is in place regarding genetic counseling and risk-assessment services and includes all required elements.
3. A process is in place pursuant to evidence-based national guidelines for genetic assessment for a selected cancer site. The process includes all required elements.
4. The process for providing and referring cancer risk assessment, genetic counseling, and genetic testing services is monitored and evaluated, contains all required elements, and is documented in the cancer committee minutes.

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Giardiello, FM, Allen JI, Axillbund, JE, et al. Guidelines on genetic evaluation and management of Lynch Syndrome: A consensus statement by the US Multi-Society Task Force on colorectal cancer. *Am J Gastroenterol*. 2014;109:1159–1179.

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Standard 4.4 Genetic Counseling and Risk Assessment

Program Name	
Year	
Annual Policy and Procedure Review	
Committee Meeting Date	
Genetic Professional Information (Document Each Individual)	
Name -	
Credentialial -	
Certification End Date -	
Genetic Counseling and Risk Assessment Services	
Service	Services Offered On Site
Services Offered by Referral	
Cancer Risk Assessment	
Genetic Counseling	
Genetic Testing	
Genetic Counseling and Risk Assessment	
<i>Results and referrals and follow up must be documented in the patient's medical record.</i>	
Date Cancer Committee reviewed Policy & Procedure	
Dec 2021 to Nov 2022	
Number of Patients Identified Needing Referral	
Number of Patients Cancelled/No-Shows	
Number of Genetic Counseling Performed	
Number of Genetic Testing Performed	
Based upon Genetic Testing Performed was add'l TX recommended, if so how many patients if known	
Sites Screened and Number:	
<i>2022 CoC Monitoring Genetic Assessment for Selected Cancer Site</i>	
Number of Eligible Patients Needing Referrals	
Number of Eligible Patients Needing Referrals received a Referral	
Number of Genetic Testing Performed	
Overall Findings of Selected Cancer Site	
<i>Overall Service Findings</i>	
Barriers Identified	Ideas to Address Barriers
<i>Follow-up to Barrier Identified</i>	
<i>Department Initiatives</i>	
<i>Department Publications</i>	
<i>Department Screening & Educational Events</i>	
<i>Community Partnerships</i>	
Name of Event -	
Date -	
# of Participants-	
Type Educational or Screening-	

If you have any graphs or tables please insert on this side:

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Genetic Professional Information (Document Each Individual)	
Name -	
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Certification End Date -	
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Service	Services Offered On Site
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Cancer Risk Assessment	
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Number of Eligible Patients Needing Referrals received a Referral	
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Barriers Identified	Ideas to Address Barriers
<i>Follow-up to Barrier Identified</i>	
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Service	Services Offered On Site
Services Offered by Referral	
Cancer Risk Assessment	
Genetic Counseling	
Genetic Testing	
Genetic Counseling and Risk Assessment	
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Date Cancer Committee reviewed Policy & Procedure	
Dec 2023 to Nov 2024	
Number of Patients Identified Needing Referral	
Number of Patients Cancelled/No-Shows	
Number of Genetic Counseling Performed	
Number of Genetic Testing Performed	
Based upon Genetic Testing Performed was add'l TX recommended, if so how many patients if known	
Sites Screened and Number:	
<i>2024 CoC Monitoring Genetic Assessment for Selected Cancer Site</i>	
Number of Eligible Patients Needing Referrals	
Number of Eligible Patients Needing Referrals received a Referral	
Number of Genetic Testing Performed	
Overall Findings of Selected Cancer Site	
<i>Overall Service Findings</i>	
Barriers Identified	Ideas to Address Barriers
<i>Follow-up to Barrier Identified</i>	
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