Outpatient Genetic Risk Assessment in Women With Breast Cancer: One Center's Experience

Nancy J. Washburn, MSN, APRN, BC, ANP, AOCN®, NP, OCN®, Valerie K. Sommer, RN, MSN, FNP-C, Sarah E. Spencer, RN, BSN, CCRC, OCN®, BA, Sandra K. Simmons, RN, MSN, ARNP-C, AOCN®, Barbara W. Adkins, BSN, MSN, ARNP-C, AOCN®, Mary R. Rogers, RN, CS, FNP, Patty L. Gerken, MSN, ANP, OCN®, AOCN®, and Christina M. Bromley, BS, MS, PhD

A chart audit at one cancer center, of 193 women with breast cancer, was completed to assess whether a complete family history that may indicate genetic predisposition was obtained and if that information led a provider to suggest risk reduction strategies. A risk management tool, which included a pedigree template, was used. Of the 193 charts reviewed, 88.6% had family history information recorded; 41.5% reported three generations of family history. Risk management was undocumented in 21.8% of the charts reviewed and, for those that were reported (78.2%), 7.25% were referred for genetic counseling. These results suggest that a more detailed assessment of hereditary breast cancer risk incorporating three generations of family history and additional types of cancer need to be integrated into medical oncology practice. An algorithm was developed as a guide to improve the process of evaluation and referral for genetic risk assessment.

The Human Genome Project was completed on April 14, 2003, and resulted in a greater understanding of the underlying genetic etiology of cancer. Although not all cancers are caused by inherited genetic mutations, all do require the accumulation of a series of acquired somatic mutations that eventually render healthy cells malignant. Because of a rapidly developing knowledge base in genetics, healthcare professionals are expanding their practice by offering more comprehensive options for cancer risk assessment and screening. Cancer genetics, a legitimate oncology nursing subspecialty, has implications for nurses in all practice settings and should be incorporated into general and advanced nursing practice (Greco, 2003).

The Oncology Nursing Society (ONS), the American Society of Clinical Oncology (ASCO), and the National Cancer Institute have developed guidelines for incorporating genetic information into clinical practice (ASCO, 1997; Barse, 2003; Garber et al., 1997; Greco, 2003; Stopfer, 2000). Research groups also have recognized the importance of establishing evaluation programs to address the complex issues associated with genetic testing for cancer risk (Barse; Calzone, Stopfer, Blackwood, & Weber, 1997; Greco) and the implications for healthcare practitioners (Barse; Calzone, 1997; Greco).

Cancer risk assessment and education, facilitation of genetic testing, pre- and post-test counseling with individualized cancer risk management options, and supportive care are integral to the provision of cancer genetics services to patients (Greco, 2003). Healthcare professionals should be familiar with the complex issues surrounding genetic testing and counseling and have the specialized training to provide these services (Hutson, 2003).

Methods

Developing the Research Question

In January 2002, the Quality Initiative (QI) Committee at the authors' institution decided to address the issue of appropriate recognition of genetic risk information in clinical practice. Their goal was to ascertain whether oncologists documented the family history of patients and accurately interpreted cancer risk as well as to determine the rate of referral to genetic counselors. A literature review revealed little regarding whether healthcare practitioners use guidelines on incorporating genetic screening into oncology practice.

Sample Selection

The authors' institution is a community-based cancer care organization with six sites.

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