

Biomarker Quick Guide: BRAF

FACILITATOR GUIDE

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Overview

The biomarker quick guide for BRAF is a short overview to give baseline information regarding this important and high-frequency biomarker. You or your nurse participants may be unfamiliar with some of the terms in this quick guide; refer to the [ONS Genomics Taxonomy](#) for evidence-based definitions.

This facilitator guide is meant to provide a couple of models in which you may review the Biomarker Quick Guide: BRAF with a group of nurses. It includes an in-person model and a virtual model. Both methodologies involve reviewing the quick guide and discussing how it might affect conversations with patients or affect patient care.

Below, please find information that the facilitator needs to prepare for this session, setup considerations for in-person and virtual sessions, and important points to include while giving an overview of the quick guide. Each group and setup can be different depending on your participants, location, and physical resources. The outline and options are not fixed, but rather are suggestions for how you might be able to adapt the session for your group and environment; review this guide, and take the particulars of your group or situation into account during planning.

Facilitator Preparation

Institutional Application

Whether conducting these sessions in person or virtually, send a copy of the Biomarker Quick Guide: *BRAF* to the nurses in advance of the session. Ask them to review the resource and come prepared for discussion and with any questions they might have.

If appropriate, consider conducting this session as a part of a larger session or meeting. For example, if all nurses are present for another educational session, this content may work well as a five-minute segment of that meeting.

Session

Setup: In Person

Length of session: five minutes

Ensure that all nurses can see the Biomarker Quick Guide: BRAF; they could each have a copy or be viewing it on a screen.

Setup: Virtual

Length of session: five minutes

Consider conducting this as a small segment of a larger meeting; a five-minute virtual meeting may not be worth the time and effort to set up.

Share your screen to ensure that all nurses can see the Biomarker Quick Guide: BRAF and are following along with the section you are discussing.

Overview

First, take about two minutes to give an overview of the Biomarker Quick Guide: BRAF. As long as the nurses receive the quick guide in advance, they should be familiar with the setup and flow. Be sure to touch on the following:

- **Purpose:** to help nurses understand the function of the *BRAF* gene in its normal and altered form and how information about this biomarker is used in clinical practice.
- **When to use:** This information is useful to have if you encounter a patient with a driver variant in the *BRAF* gene. Understanding the information will help the nurse better explain the biomarker to patients and help connect results to treatment decisions. It may be helpful to keep this quick guide on hand for easy reference.
- **Format:**
 - The Biomarker Quick Guide: BRAF is set up to start at the top with an overview of the *BRAF* gene.
 - Because *BRAF* is a part of the normal cellular signaling pathway, the first image depicts how *BRAF* functions in a normal cell and how it functions in a cell with the BRAF V600E driver variant.
 - With your nurses, you can walk through how, with the BRAF variant, there is uncontrolled cellular growth and proliferation because the *BRAF* gene is always “on” when the BRAF V600E variant is present.
 - An important part for discussion with your nurses is under the following question: How is BRAF variant information used in clinical practice?
 - After going over the information in the quick guide, you may want to discuss their personal experience with BRAF, when it has come up in their practice, and how to best use it to inform practice going forward.
 - To support this conversation, reference the graph depicting the BRAF driver variant frequency by cancer site.
 - The quick guide wraps up with a special consideration of when to view the results with caution.
 - Nurses can refer to the National Comprehensive Cancer Network (NCCN) Guidelines® for further information about BRAF as triage for Lynch syndrome.

Discussion

In Person

Because the nurses were asked to review the quick guide in advance and to consider their questions, they should be prepared with those questions for this short discussion.

Smaller group discussion: If you have a small meeting, it may be best to allow the nurses to ask their questions and to answer them as fully as possible with the information you gathered.

Larger group discussion: Because many individuals will likely have similar questions, you can have them chat for 30 seconds with the people around them (three to five people) to determine if they had the same questions. At that point, one person from each group can share the most common question from the group. After one question from each group is answered, you can ask if there are any remaining questions.

Please note the following: Conducting a conversation with a larger group may take more time. If you cannot allot more time for this conversation, you may want to start an email thread or virtual asynchronous chat (e.g., Microsoft Teams chat) as a means of follow-up so that nurses can ask their questions, and everyone can benefit from the answers.

Virtual

Because the nurses were asked to review the quick guide in advance and to consider their questions, they should be prepared with those questions for this short discussion.

Smaller group discussion: If you have a small meeting, it may be best to allow the nurses to ask their questions and to answer them as fully as possible with the information you gathered. It is sometimes hard to know when to speak in a virtual meeting, so even in a small group, it may be beneficial to have nurses raise their hands (usually a button on the software) and call on individuals to voice their questions. Alternatively, you could have the nurses type their questions into the chat, and you can answer the questions aloud.

Larger group discussion: As groups get larger, speaking virtually becomes increasingly harder. For large groups, it is often beneficial to have the participants type their questions into the chat, and you can answer those questions verbally for all.

Because this is meant to be a short activity, it would likely not work to send the participants into breakout rooms to discuss the tool. However, if you have additional time and would like them to discuss further, smaller groups are better; you can send participants to breakout rooms to talk and determine if they have any remaining questions. After closing the breakout rooms, the whole group can reconvene to answer any remaining questions.

Please note the following: Conducting a conversation with a larger group may take more time. If you cannot allot more time for this conversation, you may want to start an email thread or virtual asynchronous chat (e.g., Microsoft Teams chat) as a means of follow-up so that nurses can ask their questions, and everyone can benefit from the answers.