Lynch Syndrome Universal Screening Network Planning Meeting

September 23, 2011 Chicago O'Hare Hilton

Debra Duquette Michigan Department of Community Health genetics@michigan.gov

Extra Special Thank Yous

Planning Committee

- Cecelia Bellcross
- Heather Hampel
- Kory Jasperson

<u>Centers for Disease Control</u> <u>and Prevention/Office of</u> <u>Public Health Genomics</u>

- Muin Khoury
- Scott Bowen
- Katie Kolor

McKing Consulting Corporation

- Maggie Ritsick
- Trisha Charles-Rennie

<u>Michigan Department of</u> <u>Community Health</u> <u>Genomics</u>

- Janice Bach
- Sarah Mange
- Sommer Hayden

And all of you in attendance either in-person or by phone!

Today's Participants Selection Criteria

- 1. Interest and willingness to attend September 23rd event
- 2. Significant likelihood to begin universal screening by 2012
- 3. Likely willingness to share data and educational resources
- 4. Board certified genetics professional involvement in screening program
- 5. Existing relationship with planning committee members
- All attendees MUST have are #1 and #3 above.
- All invitees should meet at least 1 out of 3 of the other criteria (i.e. #2, 4, 5) with preference given to those that meet all 5 criteria.
- One person per institution will be able to attend

Today's Meeting Objectives

- 1. To bring together a group of individuals from multiple institutions who are currently performing or considering universal Lynch syndrome screening on newly diagnosed colorectal cancers and other Lynch syndrome related malignancies
- 2. To discuss developing a network/consortia that would enable continued ongoing cooperative efforts to pool educational resources, screening protocols and key patient data
- 3. To share existing materials (i.e. educational materials, screening protocols) and to create new resources (i.e. database, website) to organize information from multiple institutions

Today's Agenda

- Background Presentations
- Existing and New Educational Materials
- New Database
- Creating a Network/Consortia
- Small Group Discussion
- Next Steps

Genomics Applications in Practice and Prevention (GAPP): Translation Programs in Education, Surveillance, and Policy

- 3 year cooperative agreement, 2008-2011
 - Large, well-defined populations in US (greater than 100,000)
- Goal: move human genome applications into health practice to maximize health benefits and minimize harm through non-research activities

• Expected measurable outcomes:

- Surveillance: measure use of counseling and testing for BRCA1/2; knowledge of providers or public on use of BRCA1/2 or EGAPP-identified genetic test(s); use of EGAPP genetic test(s); use of family history tools
- Education: increase knowledge of validity, utility, harms and benefits of EGAPP-identified genetic test(s); increase use of family history, counseling and BRCA1/2 tests as recommended by USPSTF
- Policy: increase <u>use</u> of family history, counseling, and BRCA1/2 tests as recommended by USPSTF

The Ultimate Impact

A reduction in early cancer deaths (before age 50) through statewide surveillance and implementation of systems of care for inherited breast, ovarian, colorectal and other Lynch syndrome (HNPCC) related cancers that use best practice recommendations for family history assessment, cancer genetic counseling and testing

Our Program's Goals 2008-2011

- Develop and implement a model for <u>surveillance</u> of inherited cancers and use of relevant genetic tests; and share with other cancer registries and national programs
- Identify model provider education programs to increase use of appropriate screening, counseling and evidence-based genetic tests; and share with public health and/or clinical practice organizations
- Identify a model <u>health insurance policy</u> for BRCA1 & 2 cancer genetic testing; and share with health plans in Michigan and other states

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Ann Arbor		Certification Types of Cancer				Lead Poisoning Immunization Info for Families & Providers	The MDCH Genomics Program, in collaboration with the CDC <u>Office of Public Health</u> demolics is identifying and promoting concer genomics bed tractices for spropriate randition of cancer genetic tests and gene profiling tests into clinical and public health institue. Browst enable include:	Related Content • Newborn Screening Program • Michigan Newborn Screening Questions and unswers lichigan Bio Trust for Heath wyborn Screening Follow-
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Battle Creek						Birth, Death, Marriage and I Divorce Records e	ask Force Guidelines for the use of BRCA testing. Multiple different activities will addres ach of these objectives. For further details, please see our <u>logic model</u> .	à
Clinic/Office Address The Cancer Care Center 300 North Ave.	Contact Person(s)	Information on C Testing and C		MC Michigan Cance	Consortium		Cancer deaths in Michigan residents see of cancer genetic services and tests Michigan Cancer Surveillance Progr	am
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Today's Funding

- One time, end of fiscal year remaining funds
 - Centers for Disease Control and Prevention, Contract No. 200-2009-F-32675
- Creation of educational resources or events permitted with funding
 - Today's event 🙂
 - New fact sheets (Heather Hampel)
 - New Database (Greg Sundberg, Cecelia Bellcross, Sarah Mange)
- No funds (yet) identified to continue work in 2011/2012 fiscal period