ONCOLOGY NURSING SOCIETY
CANCER GENETICS SPECIAL INTEREST GROUP MEETING MINUTES
APPROVED MINUTES

DATE: Friday, April 26, 2013
PLACE: Washington, DC, Walter E. Washington Convention Center, Room 144
TIME: 3:45 PM (ET) – 5:15 PM (ET)
RECORDER: Cathy Belt

ATTENDEES: (List of attendees attached)

1. Meeting Minutes 2012 **–** Reviewed and approved as posted on the SIG web site

2. Certification for Cancer Genetics: (C. Brudenell/ONCC Board & J. Eggert/ONS Board)

    - ONS Board will evaluate final ramifications in full in 2013
    - If approved by Board it will begin in 2014 budget year
    - Recommendation for "Certificate" not certification due to present number of nurses providing risk assessment
    - Certificate would meet ACoS guidelines
    - A question was asked "Would grant funding be possible from a private corporation?"

    - Certification process is very detailed – Several steps required:
        - Need to conduct a role delineation
        - Need to define scope of practice and requirements for credentialing
        - Need to determine if numbers generate income to cover the cost of credentialing

- A question was asked "What is the difference between ISONG GNC and ONS certificate?"
    - Primarily GNC is not oncology specific but broader application including Prenatal and Maternal Fetal Medicine genetic practitioners.

3. ILNA Renewal Process for ONCC Certification (C. Brudenell/ONCC Board)

    - Minimum of 35 contact hours required
    - ONCPro – learning builder – new process identified learning plan
    - February 2014 – 1st BMT certification
    - AOCN – evaluate if you meet criteria for AOCNS or AOCNP credential
        - Reduced fee currently evaluating – if you switch from AOCN
    - APRN Consensus Model Presentation on Saturday 10 AM in Room 143

4. Application of the EHR in ONS Practice (A. Strauss Tranin)
    - Currently works for Cerner – IT EMR company
    - USPSTF – online family history tool provided by government
    - Cerner has developed a spreadsheet format for family history in EMR
    - Currently no EHR vendor provides ability to convert to pedigree but does not interact with any other EHR software.
    - Trend if for all EHR software systems to eventually integrate in the future.

OPTIONS:

1. Medication alerts based on genotype-phenotype issues that would affect pharmacokinetics – such as CYP2D6
2. Patient Portal – family access via web questionnaire – patient accesses
3. To influence your institution – identify what specific information would be helpful to your clinical practice, integration with hospital EHR
4. Home page link that would provide provider access to your clinical documents – rules for provider access levels and password protection.

5. Updated use of hereditary cancer predisposition syndrome testing (J. Siegfried)
   A. Next Gen sequencing and hereditary cancer panels
      a. More cost efficient and timing sequencing of multitype genes
      b. Addresses overlapping phenotypes of different hereditary cancer syndromes
      c. All variants/mutations are verified via Sanger methodology
      d. 4 panels currently available through Ambry

      BreastNext™ – 14 genes included
      OvaNext ™– 19 genes included
      ColoNex t™– 14 genes included
      CancerNext™– 22 genes included

      Consideration of NextGen testing now included in NCCN guidelines in version 1.2013
      Important that this is not for general practice utility – should only be conducted within scope of a cancer genetics clinic.

   B. Overview of 1st 1000 Testing outcomes

	BreastNext/398	ColoNext/300	OvaNext/107	Cancer Next/195
Positive Rate	9%	11%	8%	11%
VUS	34%	22%	48%	
Negative	50%	60%	44%	

      Family studies program to reclassify variants identified.
      Observations from 1st 1000 tests:
      85% ordering from genetics professional
      96% testing done on affected individual

6. Update on BART Testing and Variant Reclassification Process (K. Kline)
   A. Variant classification
      Committee of experts at Myriad evaluate all variants.
      5 step classification model
      Deleterious,
      genetic variant suspected deleterious,
      genetic variant of uncertain significance,
      genetic variant favor polymorphism,
      polymorphism no mutation detected)

      VUS Rate: BR 1/2-2.9% MLH MSH2, MSH6 – 6.6%, PMS2 – 4.1%

   B. Variant Reclassification Process
      In trans co-occurrences
      Mutation co-occurrences
      Segregation analysis

Phenotype analysis
Literature search
Evolutionary conservation

C. Variant Classification Program
   - No charge for family testing to help reclassify VUS
   - Patient and provider must sign consent
   - Complete family history and/or pedigree submitted

D. BART – Clinical Data Overview (N2500 pts)
   Large rearrangements – 6-10% of all BRCA's mutations:
   - More common in patients with strong personal and family histories
   - More common in Latin American/Caribbean ancestry

7. USPSTF Announcement that BRCA Testing considered "Prevention"
   - May result in some insurances companies denying coverage
   - Necessitating LMN to appeal denials for patient testing

8. Adjournment
   a. The meeting was adjourned at 5:15 PM (ET)

Attendees List for CAG SIG Meeting

SIG Members	E-mail	Specialty
Catherine Belt	cathy.belt@uphs.upenn.edu	
Carol Brudenell *	crlbrud141@gmail.com	genetics/med onc
Darcy Burbage	dlburbage@gmail.com	survivorship/breast ca
Soon Choi	schoi1220@gmail.com	med onc
Gabriella Collins	ellike12901@gmail.com	breast cancer med onc
Julie Eggert	jaegger@exchange.clemson.edu	
Crystal Fogleman	cfoglema@myriad.com	
Teri Howell	teri.howell@charter.net	cancer genetics
Kendall Kline	kkline@myriad.com	
Agnes Masny	Agnes.Masny@fccc.edu	risk assessment
Gail Probst	gprobst2@nshs.edu	admin breast
Elaine Sein	elaine.sein@fccc.edu	breast
Jill Siegfried	jill.siegfried@gmail.com	
Edie Smith *	edsmith@myriad.com	cancer genetics
Amy Strauss Tranin	amy.tranin@cerner.com	IT
Cathleen Sugarman	cjsugarman@gmail.com	
Tanna Thomas	tannamarie@me.com	med onc genetics
Susan Wilson *	swilson8072@comcast.net	med onc
Julia Worthy	juliajonesworthy@gmail.com	genetics ed for nurses

Not

SIG Members	E-mail	Specialty
Jan Clemons *	jlcmom43@verizon.net	inpt clinical onc dir.
Tsering Dolma *	seerink817@yahoo.com	inpt med onc
Claire Goyette	cgoyette@barnabashealth.org	XRT
Patti Higginbotham (exp 2/12)	patti.higginbotham@alegent.org	breast health
Nora Katurakes	NKaturakes@Christianacare.org	onc community outreach
Laurie Korst	ljkorst@msn.com	Ca genome
Julie Hall		
Kyung Hee Lim *	khlim7@kmu.ac.kr	breast
Charlene Marinelli	cmarinelli@christianacare.org	prev/ed
Susan Montgomery (exp 1/12) *	susan.montgomery@fccc.edu	cancer genetics
Renita Pulliam	nlp1010@comcast.net	outreach breast cancer
Peggy Scott		onc nursing
Parbatee Siewdass	parbatee.siewdass@sta.uwi.edu	educator
Debbie Tuttle	djtuttle2011@comcast.net	breast care
Mary Vecchio	mary.vecchio@embarqmail.com	community ed & outreach

NOT ONS Members	E-mail	Specialty
Carla Chesser (exp 9/12)	cchesser@cel.rr.com	genetics ed for nurses
Louis Kucine *	l.kucine@aahs.org	Infusion/breast ca