

# Enhancing Coordination around Cancer Biomarker and Hereditary Genetic Testing among Members of the Multidisciplinary Care Team



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## BACKGROUND

Advances in precision medicine necessitate a closer integration across pathologists, genetic counselors, and other members of the multidisciplinary cancer care team (MDT). Recognizing that physical distancing and fragmented communication may hinder care delivery, the Association of Community Cancer Centers (ACCC) conducted a multi-year initiative to explore ways to maximize collaboration and MDT coordination.

## METHODS

ACCC held a multistakeholder leadership summit to identify and discuss critical issues regarding biomarker and hereditary genetic testing and the ways in which pathology and genetic counseling professionals interface with the MDT. Through a consensus-driven process, participants identified key opportunities for achieving optimal integration. ACCC also conducted a national survey to explore how pathology and genetic counseling services are delivered in community oncology programs and practices. Building on these insights, ACCC conducted virtual workshops at three community cancer programs which aimed to improve processes around biomarker testing, hereditary genetic counseling and testing, and targeted treatment planning.

## RESULTS

The pathology leadership summit identified the following priorities:

1. Streamline and standardize the biomarker test ordering process
2. Improve tissue handling to optimize timely biomarker testing
3. Strengthen communication between pathologists and genetic counselors
4. Empower pathologists with leadership opportunities within cancer programs

## SUMMARY

- Advances in precision medicine are leading to increased biomarker and hereditary genetic testing in patients with cancer.
- There is a growing need to increase collaboration among pathologists, genetic counselors, and other members of the multidisciplinary cancer care team (MDT) to optimize testing coordination.

## ACKNOWLEDGMENTS

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## FUNDING

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## RESULTS (CONTINUED)

In the ACCC survey (n = 659), 57% of respondents indicated that some or most of their pathologists were generalists (i.e., diagnosing multiple types of cancers), 21% only held one general tumor board, and 6% indicated that their pathologists often did not attend tumor boards or cancer committee meetings. Furthermore, 64% indicated that pathologists could directly access some or all medical oncology patient records and 67% sent some or most colorectal or lung cancer biopsy samples out for biomarker testing.

In the ACCC workshops, cancer programs in KS, NC, and NV evaluated how pathologists, genetic counselors, and members of the MDT coordinated around biomarker and hereditary genetic counseling and testing. Participants identified ways to improve the timeliness of genetic counseling referrals and engage non-oncology specialists (e.g., urologists) regarding actionable cancer biomarker test results. Following the workshops, 64% indicated that they planned to make moderate or significant process changes to improve how pathology and genetic counseling professionals interface with others on the MDT.

## CONCLUSIONS

Improving collaboration among pathologists, genetic counselors, and members of the MDT may lead to increased timely and comprehensive biomarker and hereditary genetic testing. These findings may help cancer programs identify ways to increase staff engagement and refine processes of care.



Workshop Topic	Location	Date	Faculty
Genetic Testing in the Community	Phoenix, AZ	10/21/21	Michelle Shiller, MD, PhD
Genetic Testing in the Community	Rockville, MD	11/22/21	Michelle Shiller, MD, PhD
Genetic Testing in the Community	San Diego, CA	12/22/21	Michelle Shiller, MD, PhD



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Additional information about this project can be found at:  
[acc-cancer.org/pathology](http://acc-cancer.org/pathology)