ScreenWise
Spring 2018 Newsletter
Genetics Spotlight

Happy Spring from ScreenWise!

Spring is a time of change, and ScreenWise is no exception. Recently announced eligibility changes, effective May 1, 2018, were driven by funding reductions. ScreenWise will offer its full suite of screening and diagnostic services for patients age 50 and older, and diagnostic-only services to patients age 21-49. Although not ideal, these changes align with USPSTF guidelines and enable the program to prioritize patients at the highest risk for breast and cervical cancer. There will be more communication about the changes but for this edition of the ScreenWise newsletter,

we decided to focus on another area that is changing at a rapid pace – genetic services.

Last fall, Captain Jacqueline Miller, MD, FACS, the Medical Director for CDC's National Breast and Cervical Cancer Early Detection Program, created a blog post recognizing that breast cancer is different in every woman. Capt. Miller explains, "Each breast cancer has different subtypes—these are kinds of cancer that are sorted by using genes as well as by how they respond to chemicals in the body. The subtypes can mean the cancer grows faster or slower and responds better or worse to certain treatments. Understanding and reducing risk factors, using prevention strategies, improving early diagnosis, and providing personalized treatment may result in reducing new breast cancer cases and deaths nationwide."

In line with Capt. Miller's guidance, Oregon's ScreenWise Program has taken exciting steps to integrate genetics into its range of patient services. For example, in partnership with Komen Oregon and SW Washington, ScreenWise can now cover genetics counseling and testing services for patients at increased risk for breast cancer. In addition, ScreenWise has changed its enrollment and evaluation for cancer risk. Family history and Ashkenazi Jewish heritage questions are now in all patient intake forms.

As you will see from the range of articles, resources, and educational opportunities, this is an exciting and dynamic space to be in. We hope you enjoy this special "Spotlight on Genetics" edition of the ScreenWise Newsletter. We are excited to play a part in expanding access to these critical services.

Kristin Kane
ScreenWise Program Manager

Meet the ScreenWise Genetics Team

Left to right.Jasmin Griggs, Alicia Parkman, and Summer Lee Cox.

Summer Lee Cox, MPH,
As the ScreenWise Genetics Coordinator, Summer leads ScreenWise genetics educational activities for health care providers and Oregonians, as well as policy and partnership work. In November 2017, Summer and two CDC colleagues traveled to Washington, DC to present to the Congressional Ovarian Cancer Caucus. The goal of the briefing was share information about CDC activities to help advance the fight against ovarian cancer, and other CDC women's health initiatives to increase awareness and promote early detection.

Alicia Parkman, MA
As the ScreenWise Epidemiologist, Alicia oversees ScreenWise evaluation work and analyzes program and other data for the purposes of surveillance and evaluation. Alicia was first author on a 2015 publication in the Journal of Genetic Counseling entitled "Public awareness of genetic nondiscrimination laws in four states and perceived importance of life insurance protections."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4702480/

Jasmin Griggs, BA
ScreenWise Genetics Analyst, Jasmin is with ScreenWise through October 2018, as a CDC Public Health Associate, in order to gain hands-on public health experience. In her position, Jasmin has supported a myriad of ScreenWise policy and operational activities, including the ScreenWise Hereditary Cancer Awareness Project. Jasmin also participates in our section wide Health Equity team, and is currently co-leading a Division Wide equity story telling project.

Congratulations Dr. Jone Sampson, one of Portland's Top Doctors of 2018

Dr. Sampson, a board-certified medical geneticists specifically trained to determine the risk of hereditary cancer syndromes, sees ScreenWise patients at the OHSU Knight Cancer Institute.

Portland's top doctors are chosen each year by their peers by posing the question, "to whom would they trust the care of their own loved ones?"

https://www.pdxmonthly.com/articles/2017/12/28/portland-s-top-doctors-nurses-2018

ScreenWise Genetics Health Care Providers:

If your clinic is currently offering cancer genetic counseling and/or cancer genetic testing to your patients, we would like to support you in your work!
Oregon, like the nation, has a critical shortage of board-certified cancer genetic specialists (board certified genetic counselors [CGC], Advanced Practice Nurses in Genetics [APNG], and board certified clinical geneticists [MD]). Consequently, it is important that other health care providers (e.g., MD, DO, ND, RN, NP, PA, etc.) be included in providing high-quality cancer genetic services (counseling and testing) to ScreenWise clients. Please email ScreenWise at screenwise.info@dhsoha.state.or.us to let us know that your clinic offers cancer genetic services.

If health care providers in your clinic have a basic understanding of genetics and would like to receive in-depth clinical cancer genetics training, we would like help expand provider knowledge and skills!
ScreenWise will be offering up to 11 scholarships for health care providers (e.g., MD, DO, ND, RN, NP, PA, etc.) to participate in the City of Hope 14-week intensive course in cancer risk assessment. This course requires a foundational understanding of genetics, as it is face-paced and specialized. For more information about the course, go to https://www.cityofhope.org/education/health-professional-education/cancer-genomics-education-program. Please email ScreenWise at screenwise.info@dhsoha.state.or.us to let us know if you are interested in this scholarship opportunity.

ScreenWise Hereditary Cancer Awareness Project

Recently, ScreenWise worked with the Oregon State Cancer Registry (OSCaR) to find certain cancer survivors and their cancer-reporting health care providers. We looked for cancer survivors who fit cancer genetic counseling referral criteria and may have been offered cancer genetic services to gauge if they have hereditary breast and ovarian cancer syndrome or Lynch Syndrome. During March and April 2018, ScreenWise will be sending out educational information and surveys to identified survivors and, if available, their cancer-reporting health care provider. The information and surveys will be sent to about 3,400 survivors and 700 health care providers. The information will be used to…

For more information about this project go to the ScreenWise Hereditary Cancer Awareness Project webpage at: http://www.healthoregon.org/genetics

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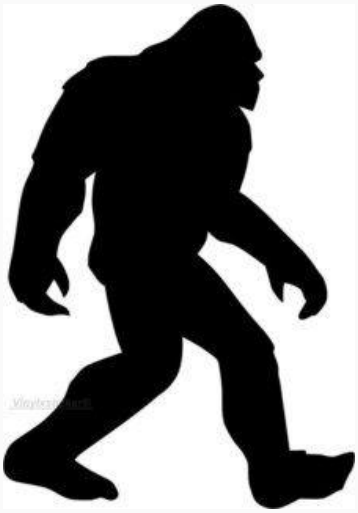
5 Genetics Myths



Myth 1: I look just like my mother and she had breast cancer, so I'm certain to get it, too.
Fact: Traits are not necessarily passed on together, so traits that affect your physical appearance may not have been accompanied by traits that affect your risk of breast cancer. If your mom has a harmful BRCA mutation, there is only a 50% chance that you inherited the mutation that increases the risk of breast cancer.

Myth 2: As a man, I don't have to worry about inherited breast cancer in my family.
Fact: Male breast cancer is rare, less than one percent of men get it, but having a harmful mutation in a gene like BRCA1 or BRCA2 greatly increases your risk of breast cancer – up to seven percent. Having a harmful BRCA mutation also increases your risk for cancers like pancreatic and prostate cancer.

Myth 3: The breast cancer is on my father's side of the family, so there's nothing to worry about.
Fact: Single-gene traits like BRCA mutations are passed down equally by males and females, so we need to consider the cancer history on both the maternal and paternal sides of the family. If you have a 1st degree relative with a harmful BRCA mutation, you have a 50 percent chance of having the harmful mutation. And if you have the harmful mutation, each of your children have a 50 percent chance of having inherited it.

Myth 4: There's no personal benefit to genetic testing since I've already gotten cancer.
Fact: Patients with a hereditary predisposition have a much higher risk to get a new primary cancer in another place — not a recurrence, but a new cancer. So, if you have a harmful mutation in a BRCA or other gene, we would want to change how often we screen for cancer and how we screen for cancer, to make sure that we can catch any new cancer you have as early as possible.

Myth 5: If I test negative for BRCA1 and BRCA2, I've got nothing to worry about.
Fact: Harmful mutations in the BRCA1 or BRCA2 genes are the most common reason for having hereditary breast and ovarian cancer syndrome. However, they are not the only genes that effect breast and ovarian cancer risk. Family history is often referred to as 'the first genetic test' and can tell us a lot about your risk. If your family history looks like there may be a hereditary cancer syndrome in your family, it is best to do your screening and management as if you are high-risk for developing certain cancers.

*These myths & facts were from a City of Hope Breakthroughs Blog at https://www.cityofhope.org/blog/breast-cancer-gene-myths. The City of Hope also offers CMEs credit opportunities through on-line courses, educational courses and self-teaching tools for professionals in the fields of cancer and cancer genetics. To learn more, go to https://www.cityofhope.org

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Professional Development Opportunities

Oregon Health Authority
PUBLIC HEALTH DIVISION
ScreenWise Program

Hereditary Breast and Ovarian Cancer: What Providers Need to Know
Wednesday, May 2nd 2018 from 12pm-1pm
Summer Lee Cox, ScreenWise Genetics Coordinator, will present a new resource that answers the most frequently asked questions from providers about Hereditary Breast and Ovarian Cancer (HBOC). This is a great opportunity to learn more about HBOC and ask any questions that come up in your practice.
Click here to register: https://attendee.gotowebinar.com/register/4653752623033523202

The Jackson Laboratory
Leading the search for tomorrow's cures

Self-paced opportunities with continuing education credits:
The Jackson Lab
The Jackson Lab provides free, self-paced CME learning modules developed to help primary care providers identify, evaluate, and manage patients at increased risk of hereditary cancer syndromes and more. https://learn.education.jax.org/

HBOC: Is Your Patient at High Risk? Module
This module was CDC funded and developed to help primary care providers identify, evaluate, and manage patients at increased risk of HBOC. This activity is designed to meet the educational needs of all primary care physicians, but is also appropriate for other specialists such as oncologists and

surgeons. Other non-physician health care providers, such as nurses and physician assistants, may find the activity beneficial. To learn more, go to: https://learn.education.jax.org/browse/hpe/cme/courses/hboc

Get the Facts about Gynecological Cancer

The Center for Disease Control and Prevention (CDC) has created the Gynecologic Cancer Curriculum to inform health care providers about the five main types of gynecologic cancers (cervical, ovarian, uterine, vaginal, and vulvar). The target audience for this material is any primary health care provider who treats adult female patients. Module 4 addresses Genetics of Gynecologic Cancers. https://www.cdc.gov/cancer/knowledge/provider-education/

Bring Your Brave campaign

The Center for Disease Control and Prevention (CDC) has created a targeted education program for health care providers as part of their Bring Your Brave campaign. The goals of the program are to: Improve awareness of early-onset breast cancer among medical providers; Equip medical providers with the skills to identify and counsel young women at high risk for breast cancer; and Address patient-provider communication gaps. Three interview-based CME activities are available. https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/health_care_provider_education/index.htm

Stay Informed

Along with ScreenWise, the Oregon Health Authority houses other programs such as the Oregon Health Plan, WIC, and Oregon Contraceptive Care. Find out more and stay up to date with news and changes as they happen with Facebook, Twitter and our free eSubscribe email alert service.

Find OHA on Facebook:

Get OHA e-mail alerts

Follow OHA on Twitter

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