



MSD

AstraZeneca



CECOG

Central European Cooperative Oncology Group

A Guide To Genetic Consenting

Module 9: Alternative models for genetic consenting

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Learning objectives

The primary purpose of this learning module is to inform and educate non-genetics HCPs on genetic consenting.

This module will enable HCPs to:

- Be aware of alternative models of genetic consenting
- Consider strategies to optimise the genetic consenting process for patients



Alternative pathways for genetic testing



PATHWAY 1: Led by geneticist professionals¹

Oncology HCP refers eligible patient
to genetic counsellor

Genetic counsellor consents
patient and takes sample

Genetic counsellor provides results
to patient and oncology HCP



PATHWAY 2: Led by oncologist HCP (oncogenetic)^{1,2}

Mainstream consenting pathway³:
**Genetic testing ordered by the oncology
team with support from clinical genetics**

Oncology HCP consents eligible patient
and takes sample

Oncology HCP provides
result to patient

BRCA^{mut} positive:
Patient referred to
genetic counsellor

BRCA^{mut} negative:
No further action unless
significant family history

HCP=healthcare professional

1. George A, et al. *Sci Rep.* 2016;6:29506. 2. Colombo N, et al. Poster presented at: ASCO Annual Meeting; June 2-6, 2017; Chicago, IL Abstract 5559. 3. McCuaig J, et al. *J Med Genet.* 2018;55:571–577.

Novel delivery models are helping to speed up the genetic consenting step¹⁻³

These include telephone, web-based and group sessions, as well as educational videos^{2,3}

Mainstreaming¹

- Genetic testing ordered by the oncology team with support from clinical genetics

Reduces wait times as oncologist would carry out pre-test counselling immediately during first patient visit

Group telegenetics³

- Multiple patients across the country are seen via telegenetics at one time by one genetic counsellor

Reduces wait times as genetic counsellors are able to consult multiple patients at the same time

Technology-enabled education³

- Patients are provided with print, video or web based materials
- Test results are available online alongside a standardised educational video

Reduces wait times as patients can sufficiently inform themselves with educational materials, thus skipping meeting with genetic counsellor if they feel comfortable

Embedding genetic counsellors into oncology clinics¹

- Genetic counsellors attend oncology clinics to identify eligible patients and coordinate genetic counselling during oncology visits

Reduces wait times as genetic counsellors prioritise oncology patients

Consenting through MDT members other than genetic counsellors⁴

- Other MDT members, such as oncology nurses acquire consent for testing during oncology visits

Reduces wait times as pre-test counselling is obtained by more available MDT members (e.g. nurses)

MDT=multidisciplinary team

1. McCuaig J, et al. *J Med Genet.* 2018;55:571–577. 2. Norman M, et al. *J Med Genet.* 2020;0:1–5. 3. Stoll K, et al. *Am J Med Genet C Semin Med Genet.* 2018;178:24-37. 4. Lopez V. *Asia Pac J Oncol Nurs.* 2018;5(4): 391–393

What is mainstream genetic consenting vs. traditional genetic consenting?

- The traditional cancer-related model of genetic counselling has been practiced in person, with patients travelling to a health-care facility to meet with a genetics clinician or counsellor^{1,2}
- Mainstream genetic consenting is performed through the non-genetics team (e.g. oncologist, surgeon, CNS) as part of their existing appointments, with support as required from a genetics service¹

CNS=Clinical nurse specialist

1. Rahman N. *Clin Med*. 2014; 14:436-439; 2. Scheinberg, et al. *Asia-Pac J Clin Oncology*. 2021;17:163-177. [https://doi.org/ 10.1111/ajco.13334](https://doi.org/10.1111/ajco.13334)



Advantages of mainstream consenting vs. traditional genetic consenting



Improvement in turnaround times for genetic test results



Facilitates increased access to genetic tests

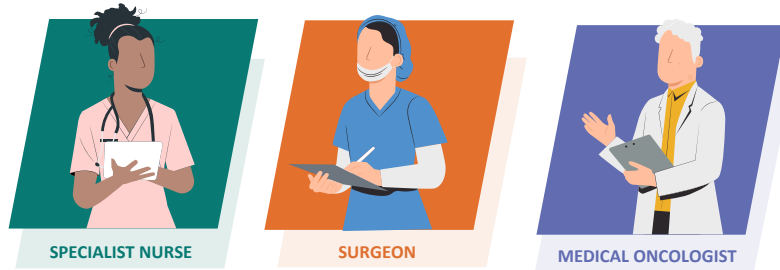


Creates closer collaboration between geneticists and non-genetics HCPs



Who can perform mainstream genetic consenting?

- Mainstream genetic consenting may be delivered by any member of the oncology team who has received appropriate training to do so, including oncologists, surgeons and clinical nurse specialists, working together as part of the multidisciplinary team



- **Use of digital content may be considered**

Section summary

- Novel delivery models for genetic consenting have been found to speed up the genetic testing pathway for patients
- Alternative delivery models to the traditional genetic consenting pathway include:
 - Mainstreaming
 - Group telegenetics
 - Technology-enabled education
 - Embedding genetic counsellors into oncology clinics
 - Consenting through MDT members other than genetic counsellors

