



## Genetic Consenting Education Series

### Genetic Consenting Self-Assessment Questions

1) What information should be conveyed to patients during the informed consent process for genetic testing?<sup>1</sup>

- A) The benefits and limitations of genetic testing
- B) An explanation of the medical and psychosocial risks
- C) Options for managing the risk of hereditary disease
- D) All of the above

**Suggested answer:**

- D) All of the above**

2) Which of the following is a benefit of genetic testing?<sup>2</sup>

- A) Genetic testing can inform treatment decisions
- B) Genetic testing can predict familial risk
- C) Genetic testing can predict risk of future cancers in patients
- D) All of the above

**Suggested answer:**

- D) All of the above**

3) Which of the following statements does NOT accurately reflect how genetic consenting should be delivered and recorded?<sup>3</sup>

- A) Consent should be given without any coercion
- B) Consent can only be given via a formal consent form
- C) Consent should be recorded for the test to be performed
- D) Consent should be recorded for storage of the sample

**Suggested answer:**

- B) Consent can only be given via a formal consent form**



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4) What is a potential limitation of traditional genetic consenting?<sup>4,5</sup>

- A) Shortage of genetic counsellors
- B) Lengthy turnaround time
- C) Requirement for in-person consultation
- D) All of the above

**Suggested answer:**

**D) All of the above**

5) Which of the following statements does NOT reflect the “traditional” genetic consenting process?<sup>6,7</sup>

- A) It is practiced in-person at a healthcare facility with a genetic counsellor
- B) It follows referral from an oncologist
- C) It can be performed through a non-genetics team
- D) It involves two genetic appointments for testing

**Suggested answer:**

**C) It can be performed through a non-genetics teams**

6) Which of the following statements does NOT reflect the “mainstream” genetic consenting process?<sup>6</sup>

- A) It must be performed by a genetic counsellor
- B) It is performed through a non-genetics team
- C) Support is provided as required from a genetics service
- D) It is performed as part of patients’ existing appointments

**Suggested answer:**

**A) It must be performed by a genetic counsellor**



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7) What are the advantages of mainstream consenting vs. traditional genetic consenting?<sup>6,8</sup>

- A) Improvement in turnaround times for genetic test results
- B) Facilitates increased access to genetic tests
- C) Creates closer collaboration between geneticists and non-genetics HCPs
- D) All of the above

**Suggested answer:**

- D) All of the above**

8) Who can perform mainstream genetic counselling?<sup>9,10</sup>

- A) Oncologists
- B) Surgeons
- C) Clinical nurse specialists
- D) All of the above

**Suggested answer:**

- D) All of the above**

9) Which of the following statements does NOT accurately reflect the oncogenetic pathway?<sup>4</sup>

- A) The oncogenetic pathway involves the integration of testing into oncology care
- B) The oncogenetic pathway involves educating oncology clinicians to consent patients for testing
- C) The oncogenetic pathway increases the need for referral to genetic specialists
- D) The oncogenetic pathway provides the potential to discuss specific treatment implications in more detail

**Suggested answer:**

- C) The oncogenetic pathway increases the need for referral to genetic specialists**



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10) Which of the following tools and resources should oncology teams have ready prior to commencing mainstream genetic testing?<sup>11,12</sup>

- A) Genetic test request form
- B) Patient consent form
- C) Information leaflets
- D) All of the above

**Suggested answer:**

- D) All of the above**

11) Which of the following statements is NOT an alternative delivery model to the traditional genetic consenting pathway?<sup>13-15</sup>

- A) Group telegenetics
- B) Travelling to a healthcare facility to meet with a genetics counsellor
- C) Consenting through MDT members other than genetic counsellors
- D) Embedding genetic counsellors into oncology clinics

**Suggested answer:**


- B) Travelling to a healthcare facility to meet with a genetics counsellor**

12) Which of the following statements does NOT accurately reflect the group genetics counselling model?<sup>16</sup>

- A) Patients receive pre-test counselling as part of a group
- B) Group counselling can be performed via communication technologies or in-person
- C) Individuals do not have the opportunity for a one-to-one discussion with a genetic counsellor
- D) Group counselling has shown promise for increasing efficiency by shortening time per patient for genetic counsellors


**Suggested answer:**

- C) Individuals do not have the opportunity for a one-to-one discussion with a genetic counsellor**



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13) Which of the following statements is true about patient-reported outcomes for alternative genetic consenting processes versus traditional genetic consenting?<sup>7,17-19</sup>

- A) Studies have shown that patient outcomes for alternative methods of genetic consenting are similar or non-inferior to traditional methods
- B) Studies have shown that patient outcomes for alternative methods of genetic consenting are worse than traditional methods
- C) Studies have shown that the majority of patients would not use telemedicine again
- D) Studies have demonstrated that patients would prefer to wait for a private consultation than participate in group consenting

**Suggested answer:**

- A) Studies have shown that patient outcomes for alternative methods of genetic consenting are similar or non-inferior to traditional methods**

14) Which of the following patient groups may be at risk for harbouring a *BRCA1* or *BRCA2* mutation?<sup>20</sup>

- A) Women with triple-negative breast cancer
- B) Young women with breast cancer
- C) Women with a family history of breast and/or ovarian cancer
- D) All of the above

**Suggested answer:**


- D) All of the above**

15) Which of the following is NOT a gene variant category?<sup>11,21</sup>

- A) Likely pathogenic variant
- B) Unlikely benign variant
- C) Pathogenic variant
- D) Variant of uncertain significance

**Suggested answer:**

- B) Unlikely benign variant**



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**16) Which of the following statements does NOT accurately reflect what happens when a patient receives a genetic test result that shows a VUS?<sup>11,22,23</sup>**

- A) The patient may be contacted in future about their test result
- B) The patient's care will be continued as if they had received a negative test result
- C) The patient's family will be tested for the VUS
- D) In the future, new information may inform whether the VUS is benign or pathogenic

**Suggested answer:**

- C) The patient's family will be tested for the VUS**

**17) Which of the following statements accurately reflects the course of action following a positive genetic test result?<sup>11</sup>**

- A) The patient may be offered a telephone consultation with a genetic counsellor to answer any queries
- B) The oncologist or surgeon may talk with the patient about treatment options such as surgery and/or drugs
- C) The patient would be offered an appointment at the local Clinical Genetics service
- D) All of the above

**Suggested answer:**

- D) All of the above**




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