Cancer, Interrupted

How one health system worked with Myriad to counter hereditary cancer

According to a review of public data, 36% of Americans have at least one first-degree relative with cancer.[1] Yet, a 2022 Myriad survey revealed that 30% of women don't know whether their family has a history of cancer.[2] Given that >1 in 4 women without cancer meet guidelines for hereditary cancer genetic testing, identifying them early and providing them with appropriate care is critical.[3]

A multi-state health system's hereditary cancer risk assessment program started with a single OB/GYN provider who recognized an opportunity to improve patients' lives and the quality of care at her clinic. By implementing hereditary cancer screening, education, genetic testing, and risk-prevention management — all at the point of care — she and her colleagues, along with support from Myriad Genetics and CancerIQ, worked together to elevate patient care and improve population health. What began as a passion project became a model for an entire health care system. Getting there required champions, flexibility, and teamwork.

> "Affecting communities at the population health level can make lasting changes for generations to come. Moving away from a one-size-fits-all approach to cancer risk assessment and management improves quality of care and patient satisfaction."
>
> OB/GYN at a multi-state health system

This multi-state health system consists of:

27
hospitals

400+
clinics

4,500
providers

37,000+
associates

1 million+
patients annually

Key takeaways

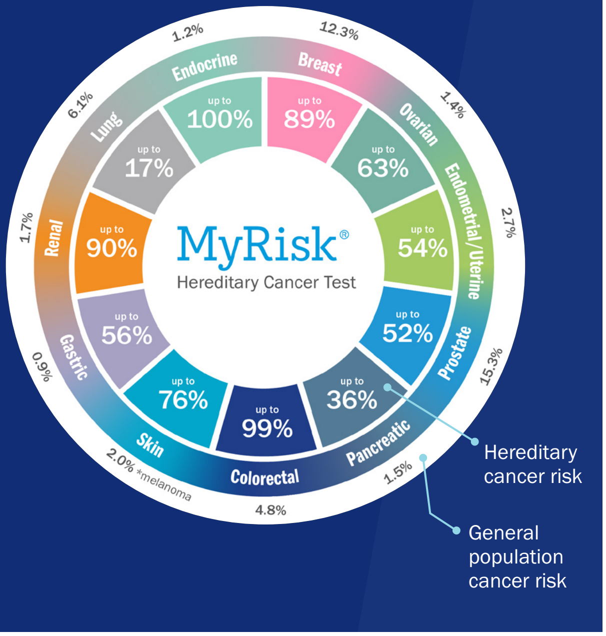
Standardizing a hereditary cancer risk program across locations requires champions throughout the health system. In particular, clinical, operational, and financial supporters are required. But the results are well worth the effort — for patients, their families, and the health system itself.

The value of programmatic hereditary cancer screening is easy to see

Statistics generated over the program's first seven years underscore the need for this type of risk assessment. More than one-third of screened patients qualified for hereditary cancer genetic testing and 9.2% were found to have pathogenic mutations.[4] This genetic insight gives affected patients the additional time and treatment options that can significantly improve their outcomes.

The risk of cancer is shockingly high with hereditary cancers

The general population's risk of cancer ranges from .9% for gastric cancer to 12.3% for breast cancer.[5] But the story is vastly different for those with hereditary risk. For them, it ranges from around 17% for lung cancer to 89% for breast cancer and up to 100% for blood cancers.[6]



Program's 7-year results with Myriad Genetics[4]

86,640
patients screened

26,504
eligible for genetic testing

11,411
tests reported

7,236
eligible for breast MRI (TCv8)

1,046
patients with pathogenic mutations found

43,817
medical procedures selected for 6,369 patients

Combining screenings with regular OB/GYN checkups can make a world of difference

Despite all the advantages, hereditary cancer risk assessment and genetic testing aren't standard practice at many hospitals and health systems across the country. The numbers prove they should be.

$72k
spent on breast cancer care in the first two years following early stage diagnosis[7]

vs.

$182k
spent on breast cancer care in first two years following late stage diagnosis[7]

This health system recognized the potential value of the hereditary cancer risk assessment program and started a pilot. The hypothesis was that precision cancer prevention would be more effective and cost efficient than the existing one-size-fits-all cancer screening model. They believed that by moving toward personalized risk assessment and a management plan that included point-of-care genetic education and testing, they could help patients stay ahead of cancer. Screening — and if called for, education, genetic testing, risk-prevention, and the introduction of the entire circle of care — would start with the patient's existing, trusted clinician. Not through referrals.

> This program has improved screening for patients across all risk levels with a 25% increase in genetic testing compliance and a 31% increase in breast screening compliance.[4]

Mary's story

Mary has always been active, and enjoys hiking, biking, running, and swimming. Cancer was the last thing on her mind. Yet, a family questionnaire at her regular OB/GYN appointment would change all that. Having a grandmother with breast cancer and an aunt with ovarian cancer suggested Mary, too, might be at risk. Based on this screening information, her physician recommended genetic testing — and the test came back *BRCA1* positive.

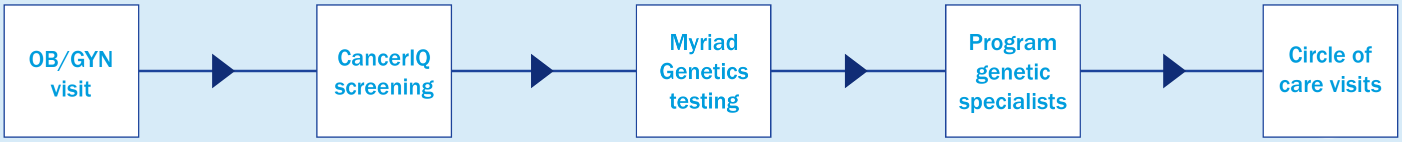
While Mary didn't yet have cancer, she learned she had an 87% chance of getting breast cancer and a 60% to 70% chance of ovarian cancer. Mary concluded, "Those numbers were just too high for me to live with." She consulted with her physicians about her options, and decided to have a prophylactic double mastectomy, followed by reconstruction and a subtotal hysterectomy with bilateral salpingo-oophorectomy.

> "I was able to make decisions based on the statistics and the impact on me." While the surgeries were difficult, Mary said, "It was the best thing for me. It was the best thing for my family — I'm at peace and I get to be part of their lives."

The standardized approach that helps improve outcomes

1	**Risk assessment**	As part of routine care, patients fill out a digital CancerIQ hereditary cancer risk screening on their patient portal before the appointment.
2	**Recommendation**	Provider reviews answers in an easy-to-read format supported by up-to-date societal guidelines. If the personal and family history of cancer(s) meets evidence-based guidelines, the provider discusses next steps with the patient and may recommend genetic testing.
3	**Genetic testing education**	If recommended for testing, the patient watches a video about hereditary cancers and is given the option to speak with a board-certified genetic counselor for free.
4	**Affordability**	The patient is given a clear estimate of any costs. In the pilot, 95% of patients paid nothing, with the rest averaging $313.[4] The patient also has the option to pay a direct price of $249 or cancel the test and not be charged.
5	**Sample**	At the same appointment, after providing informed consent, the patient provides a blood or saliva sample. The sample is sent to Myriad Genetics or another lab for testing and analysis.
6	**Notification**	Patient and provider are alerted when results of the genetic test are available.
7	**Consultation**	The patient has an appointment with a genetic specialist to discuss the results and identify risks, risk reduction options, and care plans.
8	**Follow-up care**	Following the consultation, each patient receives a personalized care plan and their local circle of care options, prioritizing high-quality care close to home within the originating health system.

The risk assessment pilot relied on the OB/GYN's clinic, CancerIQ, Myriad Genetics, and the entire health system's circle of care for success.



The health system's collaboration with Myriad was critical to success

The physician stakeholders knew that for a hereditary cancer risk assessment program to succeed, it needed to meet ambitious clinical, operational, and financial goals. They decided to work with Myriad Genetics for the program because they believed Myriad's proven programmatic approach would support the circle of care within the health system while also helping launch, scale, and sustain the program, leading to more successes like Mary's.

How Myriad helped the program achieve its goals

Clinical

Trustworthy test results

Provide results with > 99.92% analytical sensitivity, > 99.99% analytical specificity,[8] and the most peer-reviewed published data.

Coordinated care

Coordinate relevant care providers, including oncologists, imaging centers, and genetic counselors using a circle of care.

Clinician support

Answer clinical, testing, and results questions and help the system optimize their workflow.

Standardized approach

Help conceptualize and build programs for high-risk patients with structured referral pathway.

Patient education

Provide no-cost session with board-certified genetic counselors with ability to respond in 200+ languages.

Operational

Streamlined implementation

Coordinate schedules of busy, yet critical stakeholders to keep project moving on schedule.

Integrated genetic testing

Help streamline testing workflow by integrating genetic testing and referrals in EMR.

Best practices training

Provide standardized and ongoing training for clinicians and staff to reinforce best practices.

Iterative improvement

Stay engaged with staff and clinicians to help identify and implement process improvements that maximize efficiency and improve outcomes.

Succeed at scale

Help identify internal champions and external partners across health system to grow the program and refine best practices.

Financial

Cost vs. benefit analysis

Provide established data to prove the long-term value of genetic testing for patients and the health system.

Downstream services data

Navigate thousands of high-risk patients to appropriate preventive services such as: High-Risk Consults, Breast MRI, Prophylactic Surgeries.

Standardized insurance information

Help simplify reimbursement discussions to limit financial concerns from being a barrier to testing.

Patient cost estimator

Deliver a digital experience that helps patients understand their costs. 95% of patients pay nothing at all and the remaining 5% pay an average of $313.[4]

Patient support

Provide trained customer representatives to help patients navigate cost and coverage, increasing efficiencies for hospital staff.

Myriad genetics

A successful program — with a few ways to make it even better

Initial successes

A strong clinical champion and internal advocacy

The lead physician, her team of advanced practice providers trained in genetics, and nurse navigators all played critical roles in creating the program, driving adoption, and maintaining momentum. And the addition of genetic specialists across the health system's footprint strengthened support for care planning, management, and reporting. Finally, being able to identify and engage a number of internal advocates ensured the program's survival by educating others about the program's benefits.

Effective collaboration

This program benefited from bringing together three strong healthcare organizations: a multi-state health system (hospital), CancerIQ (technology), and Myriad Genetics (diagnostics).

In-hospital training

Myriad's in-clinic presence helped smooth implementation with repeatable workflows, consistent messaging, and structured training sessions across the health system's multiple locations to help ensure equitable access for all.

Adaptability and resilience

The health system recognized that even with standardization, flexibility would be required to help the program succeed in as many locations as possible. This understanding and commitment helped the program grow and succeed.

Scalability

Starting in a single clinic as a pilot, the program continues to grow and differentiate the health system as a leader in its market. There are now 80 hereditary cancer risk assessment sites of care across the West Coast.

Recommended best practices

Recruiting champions is key

Implementing a hereditary cancer risk assessment program in a health system requires many champions. It is important to continuously recruit advocates across the entire health system, local markets, and different operational and financial boosters to promote buy-in and reduce friction.

Stick to the process — mostly

Close adherence to the core process will make implementation and scaling easier but also recognize that some locations will need to customize the experience for true success.

Never stop training

Cancer is a difficult topic for patients to discuss. Ongoing training on how to have patient conversations about genetic risk assessment, treatments, and costs makes it easier — and helps lead to more improved patient outcomes.

Interrupt cancer at your health system

There are many ways to try to reduce cancer risk, but they aren't always easy to implement in a health system. Improved patient outcomes happen when a programmatic risk assessment is combined with personalized care management that is supported by a circle of care.

The program's success was built on the strong advocacy of a physician and her circle of care team along with the help of Myriad Genetics and CancerIQ. Together they created a hereditary cancer screening, education, genetic testing, and risk/prevention management program all at the point of care.

Learn how to create your own early hereditary cancer risk assessment program at myriad.com/womens-health/health-systems

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