Implementation of Standardized Hereditary Breast and Ovarian Cancer (HBOC) Risk Assessment and Genetic Referral

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Non-Cognitive Predictors of Student Success: A Predictive Validity Comparison Between Domestic and International Students

Women at risk of HBOC were significantly more likely to be identified and referred for genetic counseling after the implementation of a standardized HBOC risk assessment tool.

OUTCOMES
- Women at risk of HBOC were 25 times more likely to be identified as at-risk and 31 times more likely to be referred for genetic counseling after implementation (OR = 25.88, 95% CI [10.78-62.14]; OR = 31.50, 95% CI [13.37-74.22])
- HBOC risk identification increased by 58.2%
- Genetic referrals for women at risk increased by 69.3%
- The relationship between use of the RST familial risk assessment tool and HBOC risk identification and referral for women at risk was statistically significant \( X^2 (1, N = 199) = 74.76, p = .001; X^2 (1, N = 165) = 79.78, p = .001 \)

TABLES AND FIGURES

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Pre-Implementation (N = 920)</th>
<th>Post-Implementation (N = 712)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years, M \pm SD</td>
<td>38.41 \pm 13.65</td>
<td>38.15 \pm 13.48</td>
<td>.463</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td></td>
<td></td>
<td>.254</td>
</tr>
<tr>
<td>Caucasian</td>
<td>728 (78.32)</td>
<td>697 (74.62)</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>170 (18.63)</td>
<td>146 (16.92)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>14 (1.72)</td>
<td>24 (2.63)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12 (1.57)</td>
<td>14 (1.54)</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>40 (4.39)</td>
<td>11 (1.23)</td>
<td></td>
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<tr>
<td>Well-woman visits, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen eligible, n (%)</td>
<td>935 (90.00)</td>
<td>912 (100)</td>
<td>.205</td>
</tr>
<tr>
<td>All at risk of HBOC, n (%)</td>
<td>325 (34.95)</td>
<td>345 (38.27)</td>
<td>.205</td>
</tr>
</tbody>
</table>

IMPLEMENTATION
- Framework: Evidence-based Practice Improvement Model
- Literature appraisal demonstrated good and consistent evidence supporting use of HBOC risk assessment tools
- Risk assessment tool selection and clinical decision-making algorithm development were made via Plan-Do-Study-Act Cycles
- All women presenting for well-woman visits were screened for HBOC risk using the RST tool

CLINICAL PROBLEM
- Up to 10-15% of breast and ovarian cancers are due to HBOC
- Early detection of HBOC reduces morbidity and mortality
- HBOC risk assessment and genetic counseling referral are vastly underutilized in the United States
- In our practice prior to implementation, 35.1% of women at risk of HBOC were identified; 18.2% at risk were further referred

PURPOSE/AIMS
- To implement evidence-based HBOC risk assessment/referral
- To increase identification of women at risk of HBOC by 25%
- To increase genetic referral for women at risk by 25%

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