



The Breast Cancer Genetics Referral Screening Tool (B-RST) is a web-based screening tool that uses family history to quickly identify who would benefit from genetic counseling about Hereditary Breast and Ovarian Cancer (HBOC). This tool is located at **BreastCancerGeneScreen.org**. Performing the screen takes less than 5 minutes, requires no prior knowledge about HBOC, and provides instant results. Using the B-RST tool allows healthcare providers to appropriately identify patients for referral to a cancer genetic counselor.

*The [B-RST] “is a clinically useful predictor of which women should be referred for genetic counseling because of increased risk of potentially harmful BRCA mutations.”
(United States Preventive Task Force 2013 Recommendation Statement)*

The United States Preventive Task Force’s (USPSTF) 2013 Draft Recommendation Statement comments that primary care providers screen women who have family members with breast or ovarian cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). The B-RST tool was highlighted by the Task Force as one of two tools among those evaluated in published studies that is “particularly simple and quick to administer.”

Barriers to Referral for Genetic Counseling and Testing:

Current barriers to appropriate referral to genetic counselors include: Lack of recognition of those patients at risk in primary care, inadequate collection and recording of family history, limited understanding of hereditary risk factors, and complexity of existing risk assessment methods. The design and ease of use of the B-RST addresses these barriers to appropriate referral by allowing healthcare providers to identify high risk patients through a scientifically validated tool that requires no prior knowledge of HBOC for its use.

B-RST Snapshot

- Developed and validated by Cecelia Bellcross, PhD, MS, CGC, Emory University School of Medicine, Department of Human Genetics. (Genetics in Medicine 2009;11:783 and Genetics in Medicine 2010;12:240)
- Six-question instrument that assists providers in identifying patients who are at increased risk of HBOC and should be referred for cancer genetic counseling.
- Easy to perform with high sensitivity and specificity compared to other widely used risk-assessment models.

Funded through a Cooperative Agreement from the Centers for Disease Control to the Georgia Department of Public Health and administered by Georgia Center for Oncology Research and Education in partnership with Emory University, Georgia State University and Morehouse School of Medicine.



Summary of Genetic Testing and Counseling Guidelines

Genetic counseling and testing for hereditary cancer has become a standard-of-care for individuals at-risk based on personal and/or family history. Identification of individuals with mutations in genes predisposed to cancer allows for early surveillance and prevention strategies that can both save lives and reduce healthcare expenditures.

Three agencies have published recommendations/guidelines regarding genetic counseling and testing for Hereditary Breast and Ovarian Cancer in clinical practice:

The 2013 United States Preventive Task Force (USPSTF) recommendation (Grade B) states that primary care providers should screen women with a family history of breast or ovarian cancer with a screening tool designed to identify those at increased risk for HBOC. Women with a positive screen should receive genetic counseling, and if indicated, BRCA testing.

(<http://www.uspreventiveservicestaskforce.org/draftrec.htm>)

The American College of Surgeons' (ACOS) Commission on Cancer (CoC) standards indicate that cancer risk assessment and genetic counseling and testing services be provided to patients on site or by referral. They further define the required components of cancer genetic counseling and identify the credentials, training and expertise of health care providers' qualified to deliver cancer genetic services. (<http://www.facs.org/cancer/coc/programstandards2012.pdf>)

The National Comprehensive Cancer Network (NCCN) define criteria for BRCA counseling and testing for both individuals with a personal history of breast, ovarian or related cancers, as well as those with a family history suggestive of HBOC.

(http://www.nccn.org/professionals/physician_gls/pdf/genetics_screening.pdf)

Several professional organizations support genetic counseling and testing for hereditary cancers:

National Society of Genetic Counselors (NSGC)

The American College of Medical Genetics (ACMG)

The American Congress of Obstetricians and Gynecologists (ACOG)

The American Society of Clinical Oncology (ASCO)

For more information on how to use the tool, contact: Georgia CORE at 404-523-8735

Funded through a Cooperative Agreement from the Centers for Disease Control to the Georgia Department of Public Health and administered by Georgia Center for
Oncology Research and Education in partnership with Emory University, Georgia State University and Morehouse School of Medicine.

