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Referral patterns for genetic counseling for hereditary breast and ovarian cancer syndromes

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PRIMARY CARE

Referral Patterns for Genetic Counseling for Hereditary Breast and Ovarian Cancer Syndromes [40D]

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INTRODUCTION: BRCA 1 or 2 mutation carriers have a 45–85% risk of developing breast cancer and a 39–46% risk of developing ovarian cancer by age 70.

METHODS: A retrospective electronic chart review was conducted to identify women who were referred to the Henry Ford Health System Genetics department for counseling, as new consultations between 01/01/16 to 12/31/16 with a diagnosis that contained "breast", "ovarian", "ovary", or "adnexa". Women with a known cancer diagnosis were excluded. Information on age, race, if genetic testing was collected including if testing was offered and/or accepted, results of genetic testing, insurance type and referring provider specialty.

RESULTS: A total of 184 women with an average age of 46 years was included. 93 (50.5%) referrals were from obstetricians/gynecologists, 44 (23.9%) from internal medicine, 23 (12.5%) from family medicine, 13 (7.1%) from surgery, and 11 (6%) self-referrals. Of the 20 women who were not offered genetic testing, 5 (25%) had federal assisted insurance. The reasons documented for lack of genetic testing was due to inability to meet Medicare criteria or lack of clinical indication. 164 women were offered genetic testing, of which 147 accepted. Of the 147/164 (89.6%) a total of 14/147 (9.5%) women identified with positive hereditary breast and ovarian cancer mutation. 10/147 (6.8%) women were noted to have a variant mutation.

CONCLUSION/IMPLICATIONS: Patients at high risk for hereditary cancer syndromes should be provided with a referral for genetic counseling based on extensive review of family history on both sides, including the ages of onset of cancer.

Financial Disclosure: *The authors did not report any potential conflicts of interest.*

4:30 PM–5:30 PM

CONTRACEPTION/FAMILY PLANNING

Effectiveness of a Patient Decision Aid in Postpartum Contraceptive Counseling [1E]

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INTRODUCTION: Effective postpartum contraceptive counseling helps patients meet their reproductive life goals. Patient decision aids (PtDA) can facilitate counseling but the optimal structure and medium for a PtDA is unknown.

METHODS: On postpartum day 1, women who had not received a postplacental LARC were randomized to: 1) a paper-based PtDA that featured contraceptive options for side-by-side comparison, 2) standard contraception brochure, or 3) website with comparison of contraceptive options. All patients received counseling utilizing their assigned tool. The concordance between a patient's decision and their values ("decision quality") and the extent to which she is clear about her values and feels informed ("decision-making process quality"), were evaluated using validated surveys.

RESULTS: 126 patients were enrolled. The average age of participants was 28.9, half were Latina, 69% had public insurance, 42% were primiparous, and 60% had a vaginal delivery. There were no statistical differences among the groups except for counseling time (6.4 min for PtDA, 6.6 min for the website, and 4.9 min for the standard brochure, $p=0.0152$). The primary outcomes of "decision quality" and "decision-making process quality" were not statistically different. Regardless of the material, women found them helpful and would recommend to a friend. Although none of the materials highlighted LARC methods, half of all participants chose a LARC method.

CONCLUSION: Women were satisfied with all approaches to postpartum contraception counseling in this study, which on average took only seven minutes. Our PtDA offer a low-tech solution that women find helpful. Further research is needed to determine its impact in the long-term.

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California State Law (SB-999) and Implementation: Dispensing a Year-long Supply of Prescription Birth Control [2E]

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INTRODUCTION: Access to birth control is the cornerstone to preventing unplanned pregnancies. In California, women qualifying for state-funded reproductive insurance get yearlong supplies of contraception from participating dispensaries. A 2011 study found a 30% odds reduction in unplanned pregnancies when women received yearlong supplies of birth control as compared to one- or three-month supplies (Foster, 2011). Subsequently, in 2016, California Senate Bill-999 was passed, designating that women could receive yearlong supplies of birth control from pharmacists while requiring insurance companies to fund these prescriptions.Using secret shopper methods, we will conduct a cross-sectional survey of California pharmacies to inquire whether they are able to comply with SB-999.

METHODS: 19,693 pharmacies met our inclusion criteria: commercial retail pharmacies in California. 13,660 were excluded for revoked/cancelled licenses or because they were affiliated with managed care or publicly funded networks. Based on our pilot study, for a power of 80%, 600 pharmacies were randomly selected from the remaining 6033. Using a secret shopper technique, these pharmacies are called and asked whether they can dispense yearlong supplies of prescription birth control to customers.

RESULTS: We are currently collecting date. Based on preliminary review of 200 pharmacies called, with approximately 80% completed calls, 44% of pharmacists have not heard of SB-999. The top two obstacles to dispensing yearlong supplies of birth control quoted were insurance coverage (37%) and company policy (16%).

CONCLUSION: Implementation of new laws take time and require institutional accountability. In revealing obstacles to accessing yearlong supplies of birth control, we aim to expedite implementation of SB-999.

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Immediate Postpartum LARC Placement May Decrease the Risk of Short-Interval Pregnancy [3E]

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INTRODUCTION: Short interval pregnancies are associated with an increased incidence of preterm birth, low birth weight, and small for gestational age infants. LARC devices have been shown to be safe and effective in helping women achieve an optimal inter-pregnancy interval, however those studies did not evaluate LARC placed in the immediate postpartum time period.

METHODS: This is a retrospective cohort study of clinic patients who delivered at Hartford Hospital and requested immediate postpartum LARC. LARC devices were supplied by periodic shipments from the Ryan program. Near the end of shipment periods, there were often insufficient devices to meet demand. This led to a pseudo-random intervention in which some patients received their requested LARC device immediately postpartum and others were given a temporary method and asked to follow-up for outpatient LARC placement. The