



Roll out and influence on practice of the Talking about Risk, Uncertainties of Testing in Genetics educational programme

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Lay Summary: Discussing breast or ovarian cancer risks following *BRCA 1* & *BRCA 2* genetic testing is challenging. SHORE-C developed an educational programme (TRUSTING) for Health Care Professionals (HCPs). Initial evaluation showed positive changes in the communication skills and knowledge of HCPs¹. To reach a wider audience, 5 facilitators (VH, AL, PL, JN, RPW) were trained to run more workshops. 120 HCPs participated; assessments showed that confidence and knowledge improved significantly. Workshops were rated as useful, informative, enjoyable and well facilitated. Follow-up questionnaires reveal that over 50% felt the programme significantly helped their own clinical practice.

TRUSTING

6 filmed scenarios show: Anna (proband with TNBC & *BRCA 2*) and the effect *BRCA* testing & various management options has on her and extended family.



Anna's sister Jo with geneticist



Anna with surgeon



her cousin Emma with geneticist



then genetic counsellor



then Emma with surgeon



then geneticist



Interview with Prof Evans about pathogenic variants & implications

Methods: 3 oncologists, 1 surgeon & 1 nurse specialist trained to facilitate TRUSTING workshop in pairs. SHORE-C organised dates, CPD points, venues, and participant recruitment.

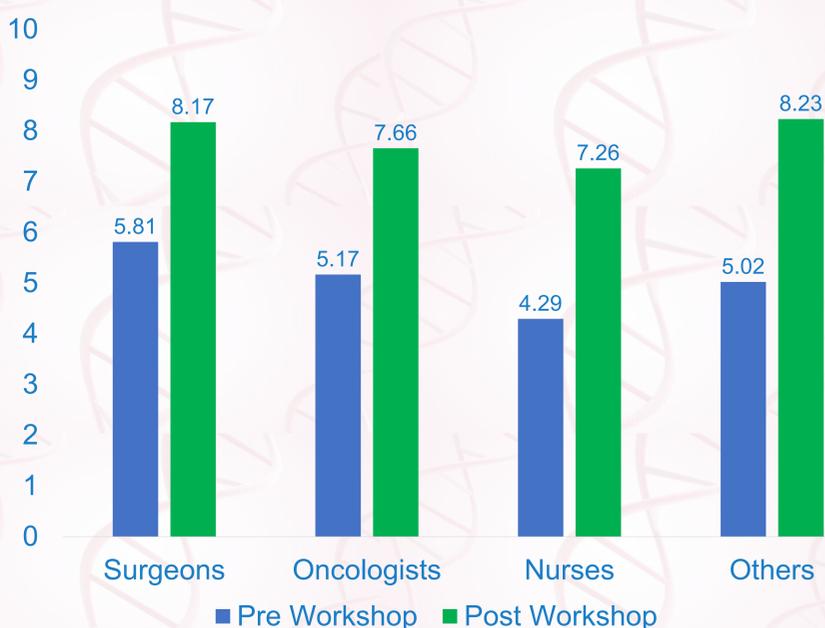
Workshops: Between Sept 2022 & June 2023, 12 workshops held across UK for 120 participants (26 men; 94 women); (61 surgeons; 41 nurses; 9 oncologists; 9 other)

Various assessments:- Pre/post workshop multiple choice knowledge questionnaire & self-confidence questionnaire (discussing 9 genetic testing issues). Workshop evaluation & follow up questionnaire 3-12 months later.

Results: Multiple Choice Knowledge % responding correctly (mean change = 6.58; 95% CI 6.00 to 7.17; p<0.001)

What proportion of:-	Pre (%)	Post (%)
UK general population carry a <i>BRCA1</i> / 2 gene fault?	22.5	90.8
all UK Breast Cancer (BC) cases is caused by an inherited <i>BRCA 1</i> / 2 gene fault?	22.5	87.5
Ashkenazi Jewish population have a <i>BRCA 1</i> / 2 gene fault?	40.0	86.7
all triple negative BC are due to a <i>BRCA 1</i> / 2 gene fault?	40.0	20.0
Which gene fault has a higher lifetime risk of Ovarian Cancer (OC)?	45.8	55.8
OC in women >60yrs with no family/personal history of BC is more likely to be <i>BRCA 2</i> than 1?	35.0	72.5
According to UK guidelines, what:-		
age do they suggest MRI breast screening be considered for high-risk women?	75.0	90.0
does the 10yr risk of developing BC in young women have to be before annual MRI starts?	24.2	48.3
What:-		
are the lifetime risks of developing BC for PM woman with <i>BRCA 2</i> fault and FH of BC?	38.3	80.8
does SNP stand for?	42.5	80.8
is UK lifetime risk of prostate cancer for men with <i>BRCA 2</i> fault?	33.3	90.8
How much does 10yrs of combined HRT increase risk of BC in women who are <i>BRCA 2</i> positive?	61.7	99.2

Self-confidence (0-10) improved significantly (mean change = 2.64; 95% CI 2.33 to 2.95; p<0.001)



Workshop feedback (n=113)

111 'definitely' recommend workshop (2 'perhaps')

"This is probably the most useful and applicable course I have ever attended. The benefits for me have gone beyond the subject matter of genetic risk to include more general aspects of consultations skills. I found the format of "sitting in" on consultations extremely valuable and think it should be used more often in training." **surgeon**

Follow up of impact on mainstreaming is ongoing (n=72/96)

57% said workshop had significantly impacted on clinical practice

"I feel more confident about discussing gene testing ...have a bit better understanding of the risk reduction opportunities for patients..... enabled me to listen more sensitively to patients and really think about their agenda and.. enormous impact of testing and FHx concerns in general. I think with direct testing we all have a need to be more informed....also realised for some patients there may not be an obvious right way." **nurse**

Conclusions

TRUSTING workshops were as successful at changing skills as found in the evaluation study.¹

Initial feedback indicates that significant increase in knowledge and self-confidence has transferred into clinical practice.

Future workshops are planned together with filming of new scenarios to help HCPs engaged in mainstreaming and their patients.