

Heather Fecteau*, MS, CGC, Dax Kurbegov†, MD, FASCO, Reena Patel†, MD, Haley Keller* MS, CGC, Carrie Horton* MS, CGC, Lily Hoang*, BS, Shannon Kieran*, MS, CGC, MBA

* Employed at Ambry Genetics, Aliso Viejo, CA, USA † Employed by HCA Healthcare, Nashville, TN, USA Abstract #10622 Email: hfecteau@ambrygen.com

BACKGROUND

Cancer Risk Stratification Challenges

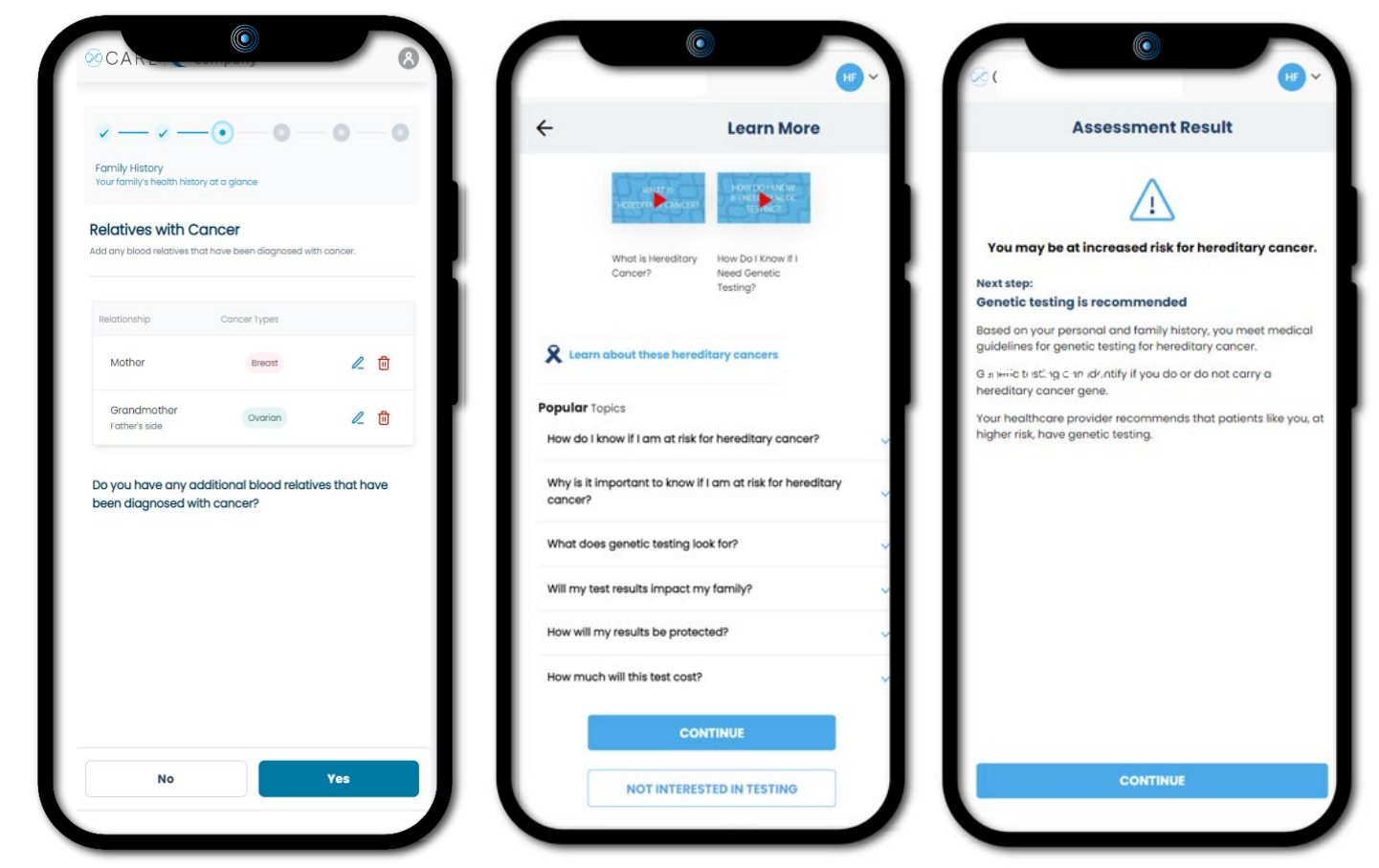
- Access to genetic testing/counseling is primarily gated by referrals from non-genetics providers for patients who meet testing criteria.
- Identification of individuals at increased cancer risk is key for:
 - Reducing risk of cancer
 - Achieving early diagnosis of cancer
- Community hospitals are ideal sites for patient identification
 - Americans seek care at community hospitals that are closer to home
 - Community hospitals are faced with the challenge of how to democratize access to precision oncology and cancer prevention
- Establishment of effective protocols in community hospitals is challenging
 - Requires entire organization buy in
 - Capital and resources
 - Involvement of multiple levels of clinical and nonclinical stakeholders.

Sarah Cannon, the Cancer Institute of HCA Healthcare's Solution

- Select key Sarah Cannon site that have appropriate provider/facility capabilities to start a cancer risk stratification program
- Utilize the CARE program™, a digital, HIPAA-compliant, patient-facing tool, to standardize screening protocol
- Set up universal screening of all patients before standard ambulatory appointments to
- Here we highlight Sarah Cannon's approach and the outcomes of their organizational efforts to bring cancer risk stratification to their communities.

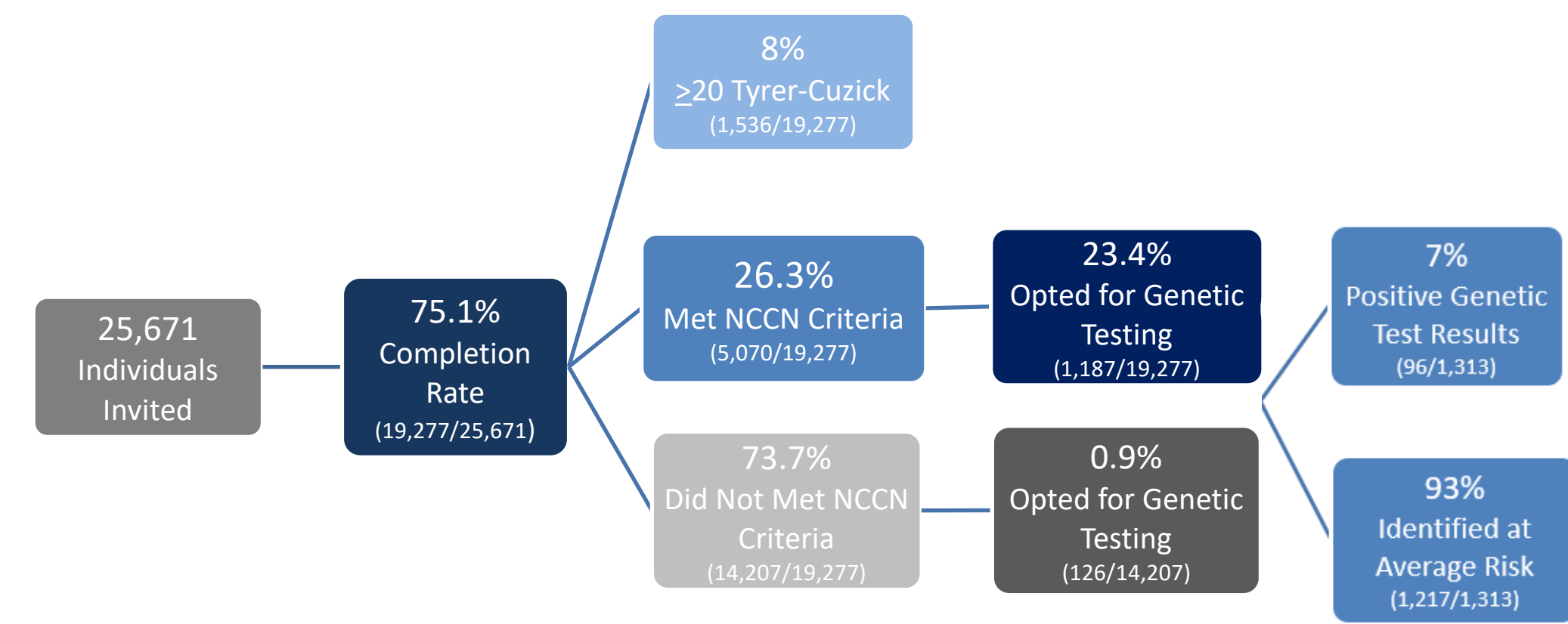
RESULTS

Figure 3: Web-Based Platform: Patient Assessment



75.1% completion rate suggests strong acceptance of CARE program™ by patients

Figure 4: The Outcome of Universal Screening for High-Risk Patients at Sarah Cannon Sites



Roughly 1 in 3 were candidates for genetic testing and/or increased surveillance

METHODS

Figure 1: Process for 14 Sarah Cannon Sites Launches

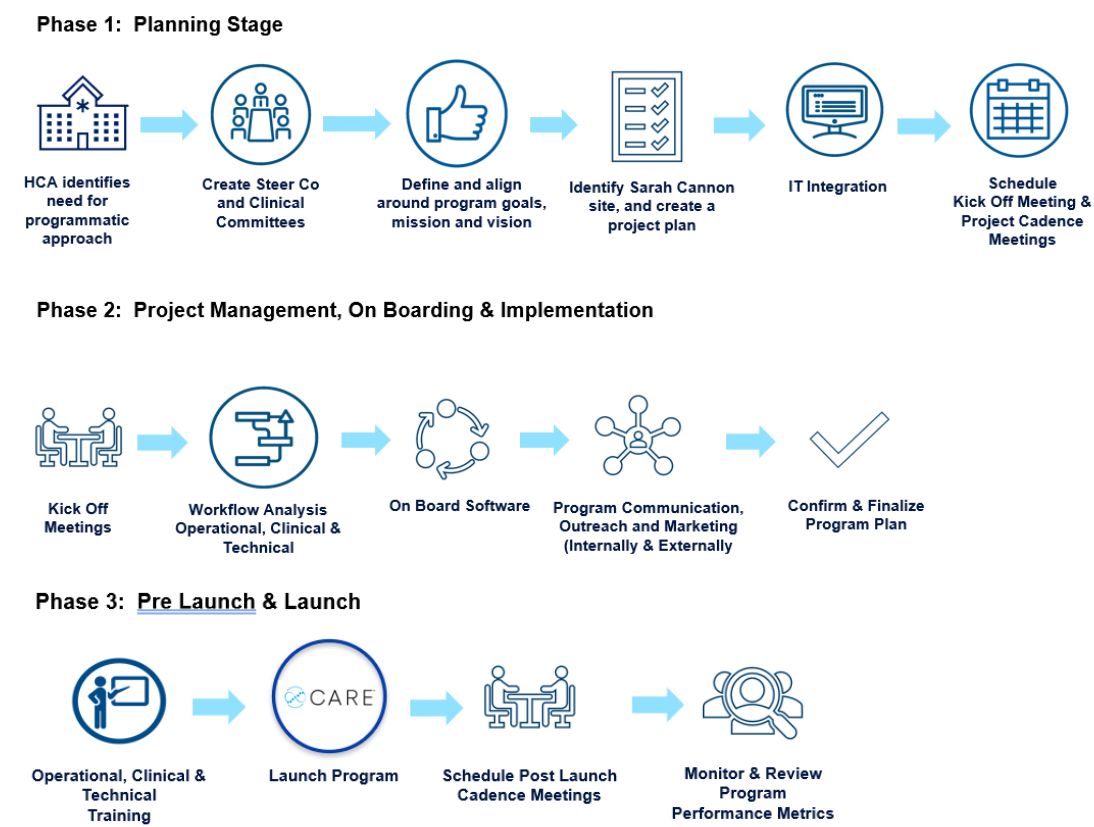


Figure 2: Retrospective Study

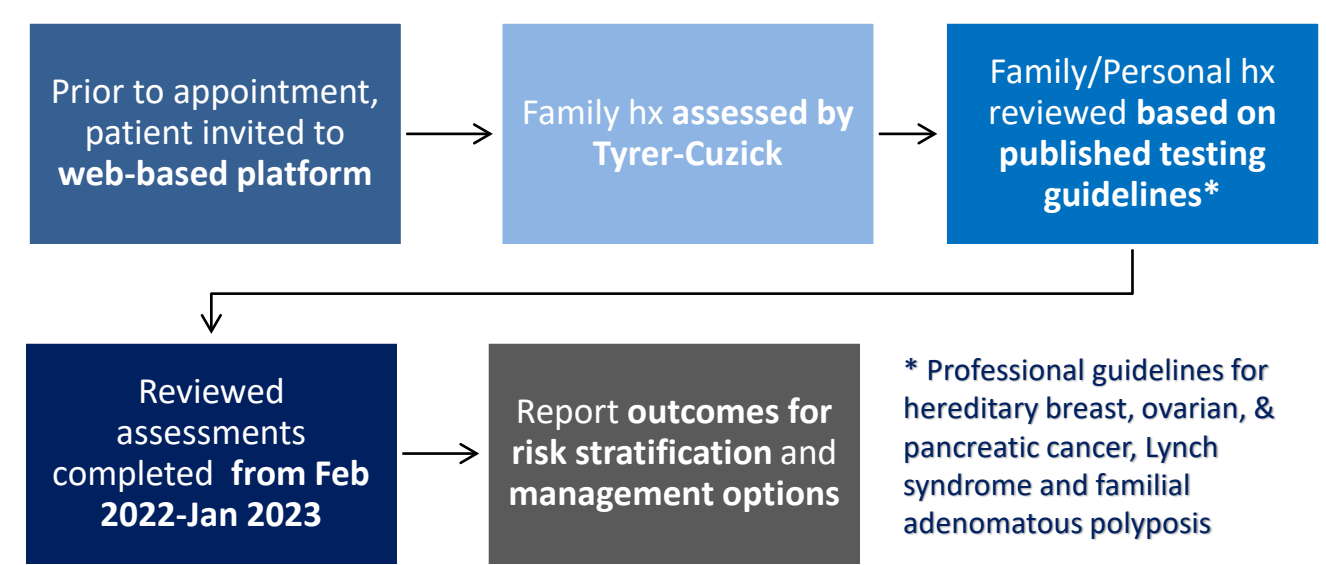
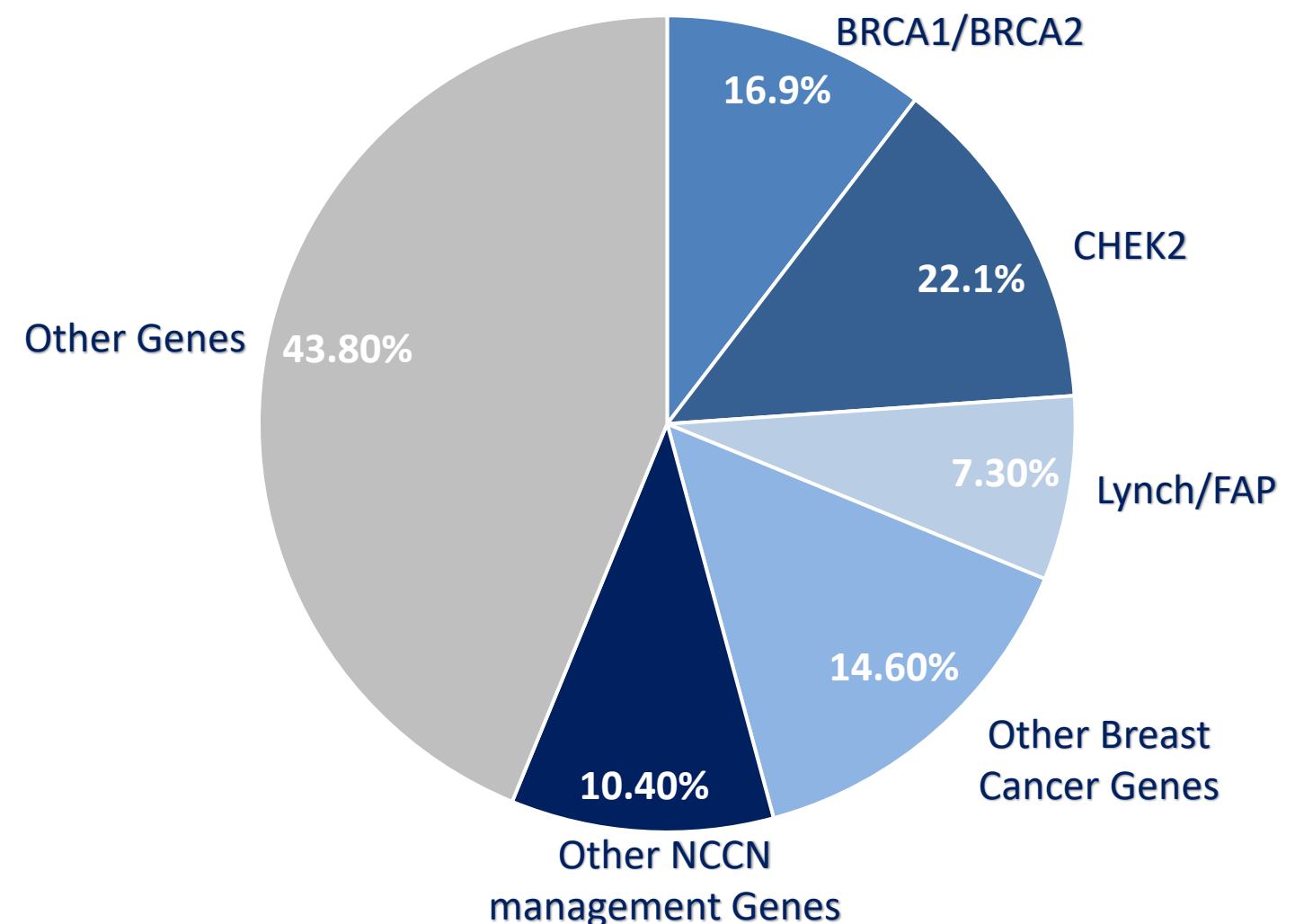


Figure 5: Breakdown of Positive Genetic Testing Results



56% of positive results were in genes with medical guideline management

Table 1: Clinical Impact on Patient Management*

Management Recommendation	Frequency	Patients
Clinical breast exam	Every 6 months	1,569
Breast MRI	Annually	1,569
Risk-Reducing Mastectomy	Once	18
PARPi Gene Consideration	NA	12
Risk-Reducing Salpingo-oophorectomy	Once	17
Colonoscopies	Every 1-5 years	41
Risk-Reducing Hysterectomy	Once	7
Dermatology Surveillance	Annually	6
Other High-Risk Screening*	Variable	30

*EUS, prostate screening, renal screening, etc.
*This includes ≥20% Tyrer-Cuzick and germline positive

8% patients had a change in clinical management after engagement in CARE program™

TAKE-HOME POINTS

- Sarah Cannon and HCA Healthcare have successfully begun implementing a comprehensive, digital risk stratification program in the community hospital setting to help provide standardized access to genomic testing and risk stratification.
- By identifying patients with an elevated risk for cancer, the potential for increased early cancer detection and precision oncology can be observed in a scalable and sustainable program.