

Community Engaged Research Experience with the BRAVE Study

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Background

- Community engaged research (CEnR) is a process incorporating feedback from the people and communities that research will impact.
- The Breast cancer Risk Assessment – achieVing Equity (BRAVE) study was founded on the principles of CEnR and developed in partnership with the Tennessee Breast and Cervical Screening Program (TBCSP).
- BRAVE seeks to increase the use of breast cancer risk assessment (BCRA) in community clinics to address existing disparities in breast cancer outcomes.

Objective

To create resources for providers, patients and the general public about breast cancer risk assessment and screening through processes grounded in community engaged research.

Methods

- BRAVE facilitates multiple ongoing projects:
 - Stepped-wedge clinical trial to assess uptake of BCRA in Middle TN community clinics
 - Development of patient and provider educational materials through collaboration with content experts, Community Advisory Board (CAB), and Community Engagement (CE) Studio
 - Hosting workshops to create personal narrative digital stories by local women affected by breast cancer
- Practicum tasks included program management, study recruitment and implementation, design and production of print and digital materials, and coordination among community partners.

Outcomes

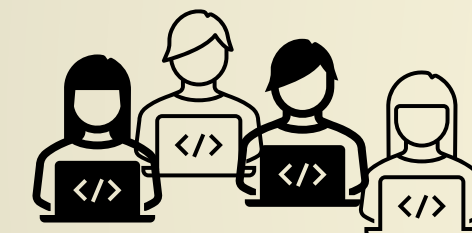
Digital Stories (Videos)



Created by 4 breast cancer survivors living in rural Tennessee



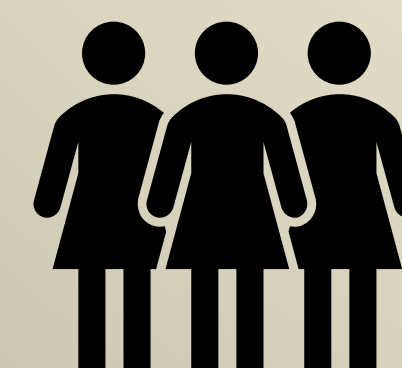
Patient Rack Cards



Informed by feedback from a VICTR Community Engagement (CE) Studio



Provider Information Sheets and Education Modules



Based on input from BRAVE Community Advisory Board (CAB)

Breast Cancer Risk Assessment Provider Information Sheet

Who needs risk assessment with a risk assessment tool?

Women ages 25-49

What to do with results?

Lifetime Risk Result	Additional Considerations	Recommendation
If less than 20%	And no close blood relatives* with breast cancer diagnosed before age 50	Recommend average risk screening guidelines (clinic dependent)
	And patient has close blood relatives* with breast cancer diagnosed before age 50	Recommend annual mammograms to begin 10 years earlier than youngest breast cancer diagnosis in close blood relative.*
If 20% or higher	Patient is eligible for screening: 10 years earlier than the age of youngest breast cancer diagnosis in a close blood relative* OR at age 40 (whichever comes first).	Annual screening recommendations vary with age and whether patient is eligible for screening: Current age less than 25: consider clinical judgment. Current age 25-29 & eligible: recommend annual breast MRI. Current age 30+ & eligible: recommend annual mammogram and annual breast MRI. All high-risk patients age 40+: recommend annual mammogram and annual breast MRI.

*Adapted from NCCN guidelines

Additional questions to ask:

If yes to any of the following, consider genetics consult:

- Anyone in family diagnosed with breast cancer at less than age 45?
- Anyone in family diagnosed with ovarian cancer?
- More than 3 individuals on same side of family diagnosed with breast cancer?
- Any males in the family with breast cancer?

Considerations:

- *Close blood relatives* includes relatives like siblings, parents, grandparents, aunts and uncles.
- Make sure patients consider both their mother's and father's sides of the family when answering.

Resources:

Coding for insurance to cover early screening and/or additional tests

Ensure that clinic notes have robust personal and family history documentation: Lifetime Risk % with tool used documented in the assessment, as well as appropriate ICD-10 codes

- CPT 96160: "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument."
- ICD-10:
 - Z85.3 Personal history of malignant neoplasm of the breast
 - Z85.40 Personal history of malignant neoplasm of unspecified female genital organ
 - Z85.43 Personal history of malignant neoplasm of the ovary
 - Z15.01 Genetic susceptibility to malignant neoplasm of breast (only use if genetic test confirmed)
 - Z80.3 Family history of malignant neoplasm of breast
 - Z80.41 Family history of malignant neoplasm of ovary

Genetics Referral Locations

- Saint Thomas:**
 - Virtual appointments or in-person counseling in Nashville (Midtown).
 - We ask that patients are referred by a healthcare provider.
 - Referrals can be faxed to 615-284-1882.
- Vanderbilt Health:**
 - In-person appointments at Nashville location and virtual appointments anywhere in TN.
 - Referral website: [Redcap.Vanderbilt.edu/surveys/index.php?l=CMXLT8HF44](https://redcap.vanderbilt.edu/surveys/index.php?l=CMXLT8HF44)
- Website: [FindGeneticCounselor.com](https://findgeneticcounselor.com)
- Options for uninsured or underinsured patients: Tennessee Breast & Cervical Screening Program. If you would like additional information, please email TBCSP-Health@tn.gov or call 1-877-969-6636.

Summary

Leveraging input from the CAB and CE Studio, our team produced personal narrative digital stories, detailed BCRA provider information/resource sheets and patient information "rack" cards in English, Spanish, and Arabic for use as implementation strategies in the BRAVE clinical trial.

This practicum contributed to development of sustainable community partnerships across Middle TN to improve breast cancer care.

Next Steps

- Stories will be disseminated to promote breast cancer screening, with grant proposal in progress.
- Educational materials are being shared with clinics in the BRAVE clinical trial, and their effectiveness will be evaluated through interviews and surveys.

Scientific Outputs

- Poster at Dissemination & Implementation Science Annual Meeting, December 2022
- Papers on patient & provider perspectives of BCRA, to be published in Journal of the American College of Radiology
- Educational poster on Community Engaged Research accepted at Association of University Radiologists (AUR) meeting in April 2023.

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