

## **COSA FCC Group Clinical Professional Day 2012**

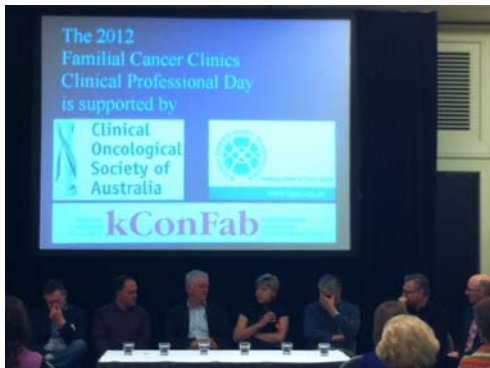
**Date:** Tuesday 21st August 2012

**Meeting:** Familial Cancer – research and practice 21-24<sup>th</sup> August 2012.

**Venue:** Mantra on Salt Beach, Kingscliff NSW

**Groups:** kConFab, Australian Ovarian Cancer Study (AOCS), Australian Breast Cancer Family Study (ABCFS), Australian Colorectal Cancer Family Study (ACCFS)

The annual “Familial Cancer – research and practice” meeting has been in existence for over 10 years and is the major meeting for clinical and research professionals focussed on Familial Cancer in Australia. It is always well attended by a variety of disciplines with wide representation from all States. It also attracts high quality international speakers, most of whom are well recognised as leaders in their fields. All the clinical professionals working in familial cancer consider this meeting as their national update meeting and attend it in preference to most other national meetings even though these might also include aspects of familial cancer research and practice, including the annual COSA meeting. It is the only meeting completely dedicated to familial cancer and provides a unique opportunity to have updates on current clinical practice for common familial syndromes, discuss issues of clinical controversy or “evidence-free zone” and network to establish/nurture clinician and research relationships.



It is most efficient to include the COSA FCC Group Clinical Professional Day within the August meeting as that will reach the largest number of familial cancer clinical and research professionals for professional development purposes as well as allow the most efficient advertisement of COSA membership to the specialty. The COSA name was prominently displayed on the speakers’ podium as well as included in the conference book as the co-sponsor of the CPD.

As well as reaching a wider group of familial cancer clinical and research professional than we could hope to achieve by holding our CPD at the annual COSA meeting, we are able to use the infrastructure of the kConFab meeting to arrange for all conference room hire, administration and use their international and national invited speakers where possible.

The Familial Cancer – research and practice meeting is advertised on the kConFab and other collaborative groups websites and an update about the meeting is included in the kConFab newsletter that is distributed to all kConFab participants and members. The kConFab members are national and international users of the kConFab resource. Consequently the COSA support of this meeting is widely recognised. The meeting is also reported in local clinic newsletters that go to all FCC patients and referring doctors as well as State Cancer Councils (depending on State reporting practices). A summary of the meeting is included in the FCC annual report for COSA members.

## **FCC CPD Final Program August 23<sup>rd</sup> 2011:**

**9-9.15**

Introduction. Gillian Mitchell

Session 1 **9.15-10.40**: Massively parallel sequencing chaired by Julie McGaughran

- Next generation sequencing: the promises and requirements of a transformative genomic technology. Tony Roscioli Sydney Children's Hospital NSW (**funded by COSA**)
  - Massively parallel sequencing: issues for clinical practice. Graeme Suthers SA
- Followed by panel discussion: Graeme Suthers, Tony Roscioli, Sean Grimmond, Cliff Meldrum (**funded by COSA**), Andrew Biankin, Alison Trainer, Ian Campbell

Session 2 **11-12.30**: A smorgasbord for clinical practice – Chaired by Nicola Poplawski

- Risk-reducing behaviour of female BRCA1 and BRCA2 mutation carriers; long-term follow-up of participants in the Kathleen Cuninghame Foundation Consortium for Research into Familial Breast Cancer (kConFab). Ian Collins, Peter Mac
- Germline PTEN gene mutations and Cowden Syndrome: a plastic condition with implications for clinical practice?– Marion Harris, Southern Health, VIC
- A proposed screening study in Li Fraumeni Syndrome. Gillian Mitchell, Peter Mac
- Non-cancer outcomes of risk-reducing bilateral salpingo-oophorectomy: a proposed clinical trial. Martha Hickey, Royal Women's Hospital, Melbourne

**Lunch 12.30-1.30**      *COSA FCC Group AGM*

1.30-1.50 eviQ update – current activity and future plans in familial cancer – Robyn Ward

Session 3 **1.50-3.15**: Counselling adolescents at risk of genetic syndromes Chair Margaret Gleeson

- Overview of genetic counselling of adolescents – Mary-Anne Young, Peter Mac
- Adolescent Clients in the Clinical Genetics Setting: Using predictive testing for FAP as a case-study for exploring developmentally appropriate care. Rony Duncan, Genetic Health Service Victoria. (**funded by COSA**)
- Support and counselling of adolescents with cancer, contrasts and similarities with hereditary cancer syndromes. Kate Thompson, Peter Mac (**funded by COSA**)

Session 4 **3.45 – 5.30**: Pancreatic/GI cancer – Chaired by Lara Lipton

- Screening for pancreatic cancer in high risk individuals. Alina Stoita St Vincent's Hospital Sydney NSW (**funded by COSA**)
- A new way to screen for pancreatic cancer? KRAS serum screening. Lara Lipton, Royal Melbourne Hospital
- A fresh look at SMAD 4. Noralane Lindor (**funded by kConFab**)
- CAPP3 trial in Lynch syndrome – an update. Finlay Macrae, Royal Melbourne Hospital

The CPD was evaluated by personnel from “The Centre for Genetics Education” based at the Royal North Shore Hospital SYDNEY. The CGE was established in 1989 as the education arm of the NSW Genetics service of NSW Health and is funded as a statewide service by NSW Health through Northern Sydney Central Coast Area Health Service. The evaluation was based on the evaluation sheets completed by attendees. The summary outcomes include:

Summary: The FCC day drew mostly strongly appreciative comments. The multi-disciplinary topics, relevance to clinical practice, excellence of speakers, time for questions/discussions and attention to time-keeping were cited as the main points of satisfaction. For the first time we tried a panel discussion section where a number of specialists in the field of next generation gene sequencing all took the stage (see picture above), each gave short (1 minute) view of the topic and then we opened the floor to questions. The aim was to keep the audience engaged with what can be a pretty dry topic especially when simply presented as a powerpoint talk.  
240 registrants for the day.

|                              |           |
|------------------------------|-----------|
| Geneticists/oncologists      | 5         |
| Genetic counsellor           | 42        |
| Familial cancer registry     | 1         |
| Medical practitioner (other) | 6         |
| Cytogenetics                 |           |
| Molecular genetics           |           |
| Education                    |           |
| Other                        | 5         |
| (No designation)             | 3         |
| <b>Surveys completed</b>     | <b>62</b> |

Table 1: respondents

Table 2: Interest and relevance of sessions

| Interest   | Nil response | Low | OK | High/Very high |
|--|--------------|-----|----|----------------|
| Session 1. Massively parallel sequencing                       |              | 1   | 16 | 45 (73%)       |
| Session 2. A smorgasboard for clinical practice                | 2            |     | 15 | 45 (73%)       |
| Session 3. Adolescents and genetic counselling                 |              | 2   | 6  | 54 (87%)       |
| Session 4. Pancreatic ca/SMAD4/CAPP 3 trial for Lynch syndrome |              |     | 18 | 44 (71%)       |
| Relevance  |              |     |    |                |
| Session 1. Massively parallel sequencing                       | 1            | 1   | 16 | 44 (71%)       |
| Session 2. A smorgasboard for clinical practice                | 1            |     | 8  | 53 (85%)       |
| Session 3. Adolescents and genetic counselling                 | 1            | 1   | 8  | 52 (84%)       |
| Session 4. Pancreatic ca/SMAD4/CAPP 3 trial for Lynch syndrome | 2            |     | 16 | 44 (71%)       |

### What did you like most about the day?

#### Geneticists/oncologists (5)

Variety of topics, catching up with colleagues; panel discussion re mass paral seq, SMAD4, adolesc counsell - can implement immed in practice

#### Medical practitioners (other) (6)

General diversity - genetic counselling, specially loved update Pan CA screen, SMAD4; Good timing of talks/enough breaks to maintain concentration; topics very relevant to todays practice; Nice balance

#### Genetic counsellors

Relevance of talks; psychosocial aspects addressed; like panel discussions; Session 2 - info on impact of menopause; FCC focus; variability of day x 4; Good relevant talks x 3; youth/adolescence x 9; short interactive sessions; panel discussions; 9.00am, not 8.30; Great variety, very applicable, well broken up; great to include counselling session; knowledge gained in SMAD4 presentation; Great to have updates on pick up rates, surveillance, other medical issues for BRCA carriers; marion Harris - Cowden. Great clinical summary /refresher; Rony Duncan - adolescent clients. Interesting with practical recommendations made; clinical focus; session 3 was a little overlapping/repetitive

**Remaining groups:** Variety, not full of technicalities (lab stuff); Panel discussion; Adolescent session; Counselling adolescents;

The variation, I really enjoyed the panel discussion.

**What did you like least about the day?**

**Geneticists/oncologists (5):** AV issues in 1st session

**Medical practitioners (other) (6)**

Seats still hard; sound system/computer glitches - fixed after 1st session; talks on same topic (eg AYA counselling) was a bit repetitive

**Genetic counsellors**

Computer issues; chairs x 4; nothing; repetition in talks; long drawn out panel discussion of session 1; sound qual poor x 4; no laser pointer; CAPP e talk, as less interest, but still enjoyed this; pancreatic sections; risk reducing behaviours kConfab; Talks about "proposed studies/trials/models. Would rather wait and hear about outcome

**Remaining groups:** All ok; (liked) all of it; all sessions were interesting

**Suggested topics for next year**

**Geneticists/oncologists:** MEN1 from eh endocrinologist perspective Clin screening & surveillance; more on rare Ca synds; small ...imaging capsule endoscopy;

**Medical practitioners (other) (6):** Talks on rare syndromes; update on panc ca study, next generation sequencing

**Genetic counsellors:** It would be great to have a small group brainstorming session into AYA clients or similar (like HGSA); panel discussion with a "care" for various opinions, various professional aspects; renal ca syndromes; difficult cases for gcs - fam polyposis (mixed), nonLynch fam bc; developing the role of the sen gc; more case studies from practice; AYA update/pancreatoc update; regular eviQ update. More panel discussion/workshops; How risk assess will change with ngs; treatment focussed testing session; better mic and access to all slides; another session on psych aspects - relevant to all!; more about adolescents. Talks with direct clinical relevance; Review of evidence-based screening recommendations for Lynch. What do differnet state Lynch registries recommend - ?? consistency; continue with mixture of common and rare ca and counselling sessions;

**Remaining groups:** Issues dealing with clinical practice;

**Any other comments**

**Geneticists/oncologists:** Please encourage Chairs to ask speakers to focus on practical outcomes in the clinic

**Medical practitioners (others):** Thank you;

**Remaining groups:** Good day!

**Genetic counsellors:** Could have mixer for GCs after sessions next year. Best day of the meeting; Excellent day - well done organisers; Great catering! Very relevant sessions. Thank you! Panel discussion was very good. Would like more; side chair sections need to be angled; overall well organised; Great - thanks; Excellent day thank you; panel discussion worked well. Early difficulties with sound were annoying but was sorted quite quickly after m/tea; very educational and helpful day - thank you, good that kept to time

Overall, the program was appreciated by the vast majority of the audience and many made suggestions for content of the next meeting in August 2013, which will be in conjunction with kConFab and INSIGHT, the latter being the international inherited bowel cancer consortium which holding its annual meeting in Austrian in 2013.

Gillian Mitchell  
Chair, FCC Group