

POSTER ABSTRACTS

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Direct-to-Consumer Advertising for Hereditary Breast Cancer Testing at a Managed Care Organization: A Naturally-Occurring Experiment

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Background: Shortly after Myriad's direct-to-consumer advertising (DTC-ad) campaign for testing of the BRCA1 and BRCA2 genes began, articles on the overall and ethical appropriateness of DTC-ad for genetic testing were published based on previous print advertisements, with viewpoints emphasizing possible public misconceptions and disproportionate demand leading to overuse of testing.

Objective: To describe the patient, provider, and organizational impact of the DTC-ad at Kaiser Permanente Colorado (KPCO) where the DTC-ad occurred in terms of what previous literature predicted.

Methods: In 2003, written surveys were mailed to a random sample of 800 KPCO women aged 25-54 and to all KPCO primary care physicians. Organizational outcomes were captured from the existing genetic services database and were compared with Henry Ford Health System (HFHS), Detroit, Michigan, where there were no advertisements.

Results: Among KPCO women who reported seeing the DTC-ad, we found no undue negative emotions. Overall, the majority reported no anxiety at all (51%), and only 1% of women at low mutation probability (<4%) reported that the DTC-ad made them feel very anxious. Less than 4% of women with low mutation probability reported that the DTC-ad led them to seek counseling/testing. Referrals at KPCO increased 244% during the DTC-ad compared to the same time period a year earlier ($p < 0.001$) with the greatest increase seen in moderate probability (5-7%) women, but with no significant change in pre-test mutation probability among those undergoing testing. HFHS reported no significant change between the two time periods for numbers or mutation probability of referrals, or for mutation probability of women tested. The provider survey is under analyses.

Conclusion: In the face of potential future DTC-ad, providers and payers need to think now about the delivery of genetic services for persons of all risk levels. This may include establishment or re-evaluation of benefit coverage as well as referral and/or testing criteria, preparation of all health care providers, and educational material availability for patients.