Author’s response to reviews

Title: Group plus "Mini-private" Pre-test Genetic Counseling Sessions for Hereditary Cancer Predisposition Improve Patient Satisfaction and Shorten Provider Time

Authors:

Jaclyn Hynes (jaclyn.hynes@mun.ca)
Andrée MacMillan (Andree.MacMillan@easternhealth.ca)
Sara Fernandez (sfernandez@cheo.on.ca)
Karen Jacob (karen.jacob@bcchr.ca)
Shannon Carter (shannon.carter@lhsc.on.ca)
Sarah Predham (sarah.predham@easternhealth.ca)
Holly Etchegary (holly.etchegary@med.mun.ca)
Lesa Dawson (lmdawson@mun.ca)

Version: 2 Date: 20 Jan 2020

Author’s response to reviews:

Thanks to the editorial team for the comments and suggestions.

With respect to your question:

“As written and as I read it, there is confusion between what is meant by "mini individual sessions" and "individual sessions". I found the following sentence particularly difficult to understand in that regard: "Each counsellor/physician conducted a maximum of 4 individual sessions following group counselling to minimize the wait time between the end of the group session and the individual session". I am left wondering about this sentence - 4 mini sessions per patient??? what is the difference in content between the mini sessions and the individual sessions as pertains to the concepts in this sentence? When exactly were these mini sessions and individual sessions scheduled - on the same day as the group session? that week? that month? How many mini sessions were held altogether per group counselling?

Our response:

We agree that this sentence is unclear. We have removed it. The goal was to clarify that several genetics professionals were engaged in each group/mini day and that each professional would see 3-4 patients individually after the group presentation. We were concerned that some patients would have to wait for >60 minutes if they were the last individual appointment. Patients would wait from the completion of the group session until their mini individual appointment.
To clarify: the new model has the following structure:

A group of patients attend a 40-minute PowerPoint presentation by the lead genetic counselor which reviews the basic elements of a genetic counselling session. Two-four other genetics professionals are in attendance at the time of the presentation. Immediately following the group session on the same day, each patient then has a private mini individual session with one of the team. Each professional would then carry out a maximum of 4 consecutive mini-individual (with 4 different patients) sessions after the completion of the group session. The model would be similar to classic “breakout” sessions.

“Was all the time spent in mini sessions accounted for in the analysis? “ Yes provider time was included all elements of the model.

“Were these for individuals or nuclear families in the mini sessions?” The attendees were individuals.

“There is no description of what a standard private counselling session entailed in the Newfoundland context. How long? Individuals? Nuclear families? The standard care model in our centre is the traditional hour-long private one on one counselling with a single proband.

How was the need to source tumours for IHC (if not done) managed in the two approaches? Our centre does not have routine IHC for colon and endometrial cancers. Only individuals already eligible for testing by health authority criteria based on pathologic and age criteria alone were invited for this project. i.e. triple negative breast cancer under 50. In the case of colon cancers, patients diagnosed under 50 were offered testing without IHC.

Was this for example covered in the group session or only in the mini sessions? IHC was not addressed in the presentation.

Were the group sessions organ specific? ie only breast or on;l;y colon families? What about FAP and Lynch - same group session or different? Sessions were organized by1) HBOC breast or ovarian 2) Lynch Syndrome colon or endometrial 3) Unaffected proband with pedigree eligible for testing

How much counselling occurred perhaps unrecognized in the introductory phone call? Introductory calls were made by administrative staff not genetics counsellors. The calls focused on the offer of a group session vs. private traditional. No counselling occurred in the calls.

How much counselling, questions and responses from GCs happened in the Group Counselling sessions? Session structure after the core presentation was casual, and all participants were invited to ask questions. Although each session differed in the questions asked, most were points of clarification, typically around family inheritance and testing or insurance concerns.

Would the authors consider a randomized controlled trial? If not, why not? Yes. A randomized trial would be valuable as it would allow for more formal metrics surrounding reasons for the rare participants’ refusal, accurate calculation of genetics professional time and more robust assessment of the model.