**CGRA Core Competencies and Exam Content Outline**

The NCBC administered exam in CGRA facilitates the measurement of knowledge, skills and competencies for experienced providers who hold the NCBC designated CGRA certification. The CGRA exam is one component of the CGRA program that qualified applicants must successfully complete in order to be granted the NCBC certification in CGRA.

The candidate is expected to have in depth knowledge in providing comprehensive breast cancer risk assessment and possess a broad knowledge of cancer genetics and genomics for a number of reasons related to advancements in knowledge and practice in this rapidly evolving field.  This includes the increasing use of extended genetic panel testing, the increasing recognition that pathogenic alterations in cancer genes mediate a spectrum of cancer risk across several organ sites in an individual and their family members at risk, the increasing relevance of genomics in providing targeted cancer therapy, and the availability of direct to consumer genetic testing. The candidate is also expected to recognize when the complexity or uncertainty of a result or condition merits referral to other professionals with expertise in the field.

**CGRA Certification Core Competencies:**

The health care professional with certification in Cancer Genetics Risk Assessment must demonstrate proficiency with the following skills and knowledge:

1. Understand basic principles of cancer genetics – including but not limited to inheritance patterns, genetic terminology and the genetic nature of common hereditary cancer predisposition syndromes
2. Understand basic principles of tumor genomics
	1. Recognize common genomic tumor drivers: HER-2, ER, PR, DNA Mismatch Repair Deficiency, and MSI
	2. Recognize when tumor genomic testing results may be indicative of an underlying germline cancer predisposition syndrome
3. Document pertinent patient and family history information
	1. Obtain and document a 3-4 generation family pedigree focused on cancer diagnoses and including family ancestry when known
	2. Document personal history information that may be associated with cancer risk in general including smoking history, alcohol use, physical inactivity, prior radiation therapy
	3. Document personal history information that may be associated with breast cancer risk including breast density, parity, age at menarche, age at first live birth, age at menopause, hormone use, DES exposure, history of proliferative breast biopsy (ADH, AHL, LCIS), previous thoracic radiation
4. Identify individuals eligible for genetic counseling and testing based on personal history, family history, tumor genomic testing results
5. If providing genetic testing within scope of practice (licensure, scope of knowledge)
	1. Understand the principles of informed consent.
	2. Discuss the risks, benefits and limitations of genetic testing
	3. Explain the possible outcomes of genetic testing to individuals who elect to proceed with testing
6. Accurately interpret genetic test results and make or explain the proper medical management recommendations to the patient and their at-risk family members. This includes positive results, negative results (true negative and uninformative negative), as well as variants of uncertain significance and other inconclusive results
7. Utilize relevant breast cancer risk assessment models to guide personalized screening and risk management strategies, accounting for the benefits and limitation of the various models.
8. Understand one’s limitations based on scope of practice and or complexity of findings and refer/recommend referral to other professionals with expertise in the field
9. Access the most current sites for interpretation of genetic variants and cancer risk such as ClinVar