

# **Family History & Early Onset Colorectal Cancer Task Group Meeting**



November 19, 2019

5:00 to 6:30 PM



## Task Group Co-Chairs



- ❑ Paul Schroy, MD, MPH  
*Boston University School of Medicine*  
*Professor of Medicine and Director of Clinical Research, GI Section*
  
- ❑ Heather Hampel, MS, LGC  
*The Ohio State University Comprehensive Cancer Center*  
*Professor-Clinical and Assistant Director, Division of Human Genetics*
  
- ❑ Steve Itzkowitz, MD  
*Icahn School of Medicine Mount Sinai*  
*Professor of Medicine and Oncological Sciences Director, GI Fellowship Program*



# Charge



- ❑ To identify key issues and areas of need around familial and early onset colorectal cancer for the purpose of identifying opportunities for the Roundtable to be a catalyst for change.



## Task Group Themes



- ❑ Help clinicians systematize the identification of patients at familial risk and recommendation of early diagnostic evaluation of those presenting with symptoms of CRC at any age.
- ❑ Improve EHRs to help facilitate needed screening and/or counseling recommendations for patients with a family history.
- ❑ Increase clinician-patient and intra-family communication about familial/heritable risk.
- ❑ Improve “on time” screening for the 50 to 55 population, according to recommended guidelines.
- ❑ Address the increase in CRC in young adults through strategic interactions with key stakeholders and thought leaders.



# FY19 Accomplishments



- ❑ NCCRT EAO CRC Summit Follow-up (hosted December 7, 2017)
  - Manuscript draft completed and submitted for publication
- ❑ Revised the Advanced Polyp Brief; final draft near complete
- ❑ Participated in Colon Cancer Challenge Foundation 2019 EAO CRC Summit
  - Hosted a pre-conference session and discussion
- ❑ Participated in the Fight CRC EAO CRC Working Group
- ❑ Published an article in the American Journal of Gastroenterology entitled “*Advanced Colorectal Polyps on Colonoscopy: A Trigger For Earlier Screening of Family Members*” (Molmenti, Kolb, Karlitz)
- ❑ Published a Commentary in Cancer entitled “*Improving On-Time Colorectal Cancer Screening Through Lead-Time Messaging*” (Jones, Ahnen, Schroy)



# Discussion



- ❑ Risk Assessment and Screening Toolkit
  - ~ 3000 visits; 961 downloads (~1100/500 in 2018)
  - Field testing (C5) ongoing to validate impact in clinical practice
  - Broaden dissemination/marketing plan
- ❑ Advanced Polyp Brief
  - Devise dissemination plan
- ❑ Family Hx AA/EAOCRC Study (Hampel)
  - Strategies to enhance recruitment
- ❑ Promote lead-messaging strategy to increase on-time screening



# Bold Ideas



- Eliminate copayment/deductibles for CRC screening tests
- Promote universal tumor screening for Lynch syndrome
  - Exciting because: Therapeutic implications, Decrease second primary cancer risk for patients, Identify high risk families, Decrease disparities
  - Stakeholders: Pathologists, Gastroenterologists, GI oncologists, GI surgeons, Genetics, Commission on Cancer (Can we make this an accreditation criteria?)
- Use social media (e.g., texts) to increase public awareness among <50 about risk factors, signs/symptoms & importance of on-time screening.
  - Exciting because: 20-29 age group has rising rates, Live on social media, Cost-effective, Easy to target, Accessible, Low cost intervention, Easy to target different demographics
  - Stakeholders: Social media experts, Targeted messages, Translator, Designer, Evaluator