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.
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
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