Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
CSCR-5 **External request** Submission request from Myriad Genetic Laboratories to add the following to the considerations for patients with a personal history of colorectal cancer: "Patients with negative LS tumor testing may be candidates for further genetic risk assessment if their colorectal cancer diagnosis was <50 y, if they have a family history of colorectal or other cancers (i.e. stomach, pancreatic, breast), or if their cancer was accompanied by large numbers of adenomas and/or hamartomatous polyps. For additional information on genetic risk assessment for colorectal cancer patients, see the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal."	• The panel consensus was to not add the suggested text until further data has been published and can be considered. See Submission for references.	0	22	0	6
CSCR-A 1 of 5 **External request** Submission from Exact Sciences to recommend Cologuard as an option for colorectal cancer screening in average risk patients of either sex aged 50 years or older with a testing interval of 3 (three) years. (Proposed bullet: The panel recommends that Cologuard be utilized as a colorectal cancer screening test for patients of either sex aged 50 years or older at average risk of colorectal cancer. The panel further recommends that Cologuard be provided as an option for colorectal cancer screening with an interval of 3 (three) years.)	• In the 2016 version of the NCCN Guidelines for Colorectal Cancer Screening, the panel added the following, "A multi-target stool DNA combined with FIT test has recently been approved by the FDA as a primary screening modality for colorectal cancer. At this time, there are limited data available to determine an appropriate interval between screening; however, every 3 years has been suggested. The data in an average-risk individual indicates that stool DNA performs well. There are no or limited data in high-risk individuals and the use of stool DNA should be individualized. If a result is determined to be a false positive, clinical judgment and shared decision-making should be used regarding future patient management." The panel consensus was that no further revisions are necessary to these statements. See Submission for references.	0	22	0	6