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NCCN Guidelines Panel: Colorectal Cancer Screening

Specific Change: On page CSCR-5, 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.

FDA Clearance: Not applicable.

Rationale: The NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal provides guidance for genetic risk assessment/testing for multiple conditions other than Lynch Syndrome, and adherence to these guidelines is important for colorectal cancer patients in whom the identification of a hereditary cancer syndrome could significantly impact post-treatment screening recommendations for colorectal as well as other cancers. Testing options have expanded with the introduction of multi-gene panels targeted to varied syndromes associated with colorectal cancer risk, which has increased the yield from genetic testing.

The following articles are submitted in support of this proposed change. We would like to acknowledge the contributions of NCCN panel members who are also co-authors or co-contributors of some of these publications:

Yurgelun MB, et al. Identification of a Variety of Mutations in Cancer Predisposition Genes in Patients With Suspected Lynch Syndrome. Gastroenterology. 2015 149:604-13.PMID: 25980754

Shirts BH, et al. Improving performance of multigene panels for genomic analysis of cancer predisposition. Genet Med. 2016 18:974-81. PMID: 26845104.

Chubb D, et al. Genetic diagnosis of high-penetrance susceptibility for colorectal cancer (CRC) is achievable for a high proportion of familial CRC by exome sequencing. J Clin Oncol. 2015 33:426-32. PMID: 25559809.

Sincerely,

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