

TACL Clinical Committee Work Group Recommendations 10-10-18

CRC Workgroup*

- For average risk adults, age 50+, the group recommends colonoscopy as the ideal, first-choice CRC screening modality, and should this method be unfeasible, then FIT testing was agreed as the preferred alternative in a tiered approach.
- Initiation of screening at age 45 for all citizens of Louisiana with colonoscopy as the ideal, first-choice CRC screening modality, and should this method be unfeasible, then FIT testing was agreed as the preferred alternative in a tiered approach.
- Completion of work-up and initiation of therapy within 30 days of CRC diagnosis.
- All cases of CRC should be tested via immunohistochemistry (IHC) assay or microsatellite instability (MSI) testing for identification of Lynch Syndrome.
 - There must be a form of patient navigation in place, whether central or region specific, in order to ensure patients are connected with screening services and have appropriate follow-up.

*The group felt that starting screening at age 45 for all citizens would be ideal given the desire to affect a real change as soon as possible in our state's outcomes. Additionally, this was felt to be in line with the ACS recommendations (all persons), the NCCN guidelines (average-risk screening before age 50 should be considered for African-Americans) and the published data (Karlitz, et al) regarding our Cajun population's increased incidence of CRC before the age of 50.

The members of group opined that identification by race/ethnicity could complicate our efforts given mixed-race individuals and whether our white citizens would readily identify as Cajun.

Regarding the age 50 recommendation, the group wanted to have a formal position on screening modality (colonoscopy >> FIT) in relation to the established guidelines as we continue to focus our efforts on patients entering their sixth decade of life.

BC Workgroup*

- For average risk females, annual breast screening with mammography should start at age 40.
- Statewide initiatives (Louisiana Breast & Cervical Health Program, etc) should be aligned with initiation of annual screening at age 40 given the population it serves.
- Initiation of validated surveys (Tyrer-Cruzick, etc) at age 30 to identify high-risk patients.
- Patient navigation to ensure patients are connected with screening services and have appropriate follow-up.

*The workgroup felt that the above recommendations are in line with the overall Manatt 5 year goal of eliminating disparities in stage of diagnosis within five years.

Additionally, the workgroup also agreed with the overall goal of 85% adherence to evidence-based treatment protocols adopted by TACL (NCCN-based) with five years.