

## When and How to Screen for Colorectal Cancer? New NCCN Patient Guideline Explains Latest Timing and Approaches

NCCN has announced the publication of new NCCN Guidelines for Patients: Colorectal Cancer Screening. Colorectal cancer (CRC) is the fourth most frequently diagnosed cancer in the United States, with an estimated 104,270 new cases of colon cancer and 43,230 new cases of rectal cancer in 2021, and an estimated 52,980 deaths this year.<sup>1</sup> Screening can reduce the rate of death by catching CRC at an earlier, more treatable stage, and can reduce overall cancer incidences by detecting and removing precancerous polyps. This new, free guide for patients and caregivers breaks down the different ways screening can be done and explains the recommended timing according to the latest research.

"I was lucky that my colon cancer was diagnosed early enough to be successfully treated," said Heather Matt, a 4-year CRC survivor who was first diagnosed at age 35 years. "I want everyone to know about the importance of screening and how, when caught early, it may save you from having a very different outcome. A little discomfort today can ensure your tomorrow."

### Importance of Screening

Accurate information about cancer screening is particularly important in light of the COVID-19 pandemic, which has seen reduced screening numbers, which are projected to result in increased late-stage diagnoses. More on NCCN's message that "Cancer Won't Wait and Neither Should You" can be found at [NCCN.org/resume-screening](https://www.nccn.org/resume-screening).

"CRC screening has been shown to be one of the most effective prevention tools for a very common cancer that we know of," said Reid M. Ness, MD, MPH, Associate Professor of Medicine, Vanderbilt-Ingram Cancer Center, and Chair of the NCCN CRC Screening Panel. "Studies show that we've reduced incidence rates by 40% since 1980 when screening was first recommended in the United States. At the same time, it's important to follow the latest evidence to make sure we're applying screening to the people who can see the most benefit, while not putting anyone at unintended or inappropriate risk from diagnostic procedures and treatment."

"Recommended screening significantly reduces cancer-related deaths; the numbers are astounding," agreed panel Vice Chair Xavier Llor, MD, PhD, Professor, Yale Cancer Center/Smilow Cancer Hospital. "This new patient guideline from NCCN offers a better understanding of the scientific research for the larger community. It provides a foundation for shared decision-making with patients and caregivers so we find the right screening fit for everyone."

NCCN Guidelines for Patients are based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), which are determined by multidisciplinary teams of experts from across NCCN Member Institutions. NCCN Guidelines are the recognized standard for clinical direction and policy in cancer care and the most thorough and frequently updated clinical practice guidelines available in any area of medicine. The patient versions are presented in easy-to-read language and format—with charts, images, and a glossary of medical terms—and were found to be among the most trustworthy options for patients with cancer seeking information online, according to an independent study.

"For more than 15 years, our organization has worked with smart, relentless patients and caregivers who are looking for reliable information and answers about their treatment plans; many won't stop until they find them," said Anjee Davis, MPPA, President of Fight CRC. "We are proud sponsors of the NCCN Guidelines for Patients: CRC Screening, because this is an important

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tool that empowers patients with the information they need to discuss their care with their doctors. We hope this resource empowers patients to choose the right screening option and get screened!"

### Recently Updated Recommendations

In early 2021, the NCCN Guidelines for CRC Screening were updated to recommend screening begin possibly as young as 45 years for people at average risk, and includes additional recommendations for those with higher risk. Additionally, some follow-up screenings can safely be delayed for 7 to 10 years. The research is evolving rapidly and even primary care physicians may not be up to date on the latest expert consensus.

Drs. Llor and Ness both stressed that patients at any age who experience symptoms should be evaluated for CRC. Some of those symptoms include:

- rectal bleeding,
- changes in bowel habits,
- persistent stomach pain,
- fatigue, and
- unexplained weight loss.

The panel also wanted to honor the significant contributions from longtime NCCN CRC Panel Chair, Dawn Provenzale, MD, of Duke Cancer Institute, who passed away earlier this year.

Free digital versions of the NCCN Guidelines for Patients: CRC Screening are available at [NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines) and via the NCCN Patient Guides for Cancer App, thanks to funding from the NCCN Foundation. The growing library of NCCN Guidelines for Patients includes nearly 60 frequently updated books for patients and caregivers covering most major types of cancer, including colon and rectal cancers. There are additional guides covering cancer-related distress, nausea and vomiting, and survivorship (both healthy living and cancer-related late and long-term effects), plus special considerations for adolescents and young adults across all cancer types.

Learn more and help support these and other resources for people with cancer and their caregivers at [NCCN.org/patients](https://www.nccn.org/patients).

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### Reference

1. Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2021. *CA Cancer J Clin* 2021;71:7–33.
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## Global Learning Collaborative and NCCN Announce Collaboration to Improve Global Cancer Care Through Continuing Medical Education Initiatives

The Global Learning Collaborative (GLC) and NCCN announced a new collaboration focusing on advancing global cancer care through a comprehensive suite of education initiatives.

Leveraging the latest evidence and expert consensus, GLC and NCCN will develop a much-needed digital education initiative to address unmet needs of clinicians who treat patients with cancer, and to ensure availability of important patient resources for these patients and their caregivers. The initiative is multi-format, multidisciplinary, and multiregional, creating an immersive digital

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landscape that will improve clinicians' knowledge, competence, and skills across multiple tumor settings.

"Clinicians report that they struggle to stay current with the rapidly expanding landscape of cancer treatments," said Rob Braun, President of GLC, a PA-based Jointly Accredited Provider. "This initiative will help clinicians stay up to date through innovative CME designed for the global care team."

Evidence shows limitations of clinicians' knowledge regarding the latest clinical data, lack of access to relevant resources, regional barriers to guidelines implementation, and a need for more concise education due to time constraints. Improving access to up-to-date science and education could improve patient outcomes.

"This initiative will address key barriers to high-quality cancer care that we see across the globe," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "From improving the understanding of predictive biomarkers to personalizing treatment based on specific patient and tumor characteristics, we empower clinicians by providing evidence-based expert consensus recommendations and ensuring the patient care team has access to appropriate resources."

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## Tempus Incorporates OncoKB Data and NCCN Guidelines Into Its Clinical Reports

Tempus, a leader in artificial intelligence and precision medicine, has announced that it will incorporate data from both the Memorial Sloan Kettering Cancer Center (MSK) OncoKB database and NCCN's Clinical Practice Guidelines in Oncology (NCCN Guidelines) into its clinical reports. Tempus is collaborating with 2 of the world's largest clinical decision-support resources to support the genomic foundational science and clinical applications of its xT assay.

Tempus reports will reflect therapy choices based on molecular profile and corresponding NCCN Guidelines recommendations and information from the OncoKB database, therefore making it easier for physicians to optimize treatment plans for their patients. Tempus is also the largest genomic sequencing company to incorporate the OncoKB database, which recently received partial recognition by the FDA as the first tumor mutation database to be included in the Public Human Genetic Variant Databases.

"We are combining and curating 2 of the most robust oncology resources in the world and delivering them to physicians through the lens of their patients' specific molecular and clinical profiles," said Dr. Kimberly Blackwell, Chief Medical Officer at Tempus. "This initiative is a step toward making our diagnostics even smarter and making personalized care achievable for every patient facing cancer."

The OncoKB database features detailed information regarding specific alterations in 682 cancer genes, curated from various sources, including FDA drug labels, medical professional group guidelines, medical and scientific literature, and clinical trial eligibility criteria. The FDA recognized a portion of the OncoKB database as a source of valid scientific evidence and mapped the selection of cancer mutations to FDA Level 2 (clinical significance) and FDA Level 3 (potential clinical significance).

"OncoKB channels the clinical and scientific expertise of MSK physician-scientists into a structured database that provides information about the biologic and therapeutic implications of cancer-specific alterations," said Debyani Chakravarty, PhD, Lead Scientist, OncoKB and Assistant Attending, Department of Pathology at MSK.

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“This collaboration with Tempus will help us share the frequently updated, evidence and expert consensus-based recommendations in the NCCN Guidelines more seamlessly with healthcare providers,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “We are happy to be working with this precision medicine technology company to place important cancer decision support tools at the point-of-care, ultimately benefiting patients.”

## NCCN Announces Funding for Early-Stage Non–Small Cell Lung Cancer Projects, in Collaboration With AstraZeneca

The NCCN Oncology Research Program (ORP) has announced new funding for projects to improve patient care and outcomes in early-stage non–small cell lung cancer (NSCLC). Funding will be provided through support from AstraZeneca.

“This project will help us address gaps and barriers arising in the screening and care delivery for early-stage lung cancer in order to improve quality and outcomes” said Crystal S. Denlinger, MD, Senior Vice President, Chief Scientific Officer, NCCN. “We offer our congratulations to these impressive investigators and are eager to see their findings.”

The selected projects are:

- Mary E. Cooley PhD, RN, FAAN, and Michael J. Healey MD, Dana-Farber Brigham Cancer Center
  - Optimizing the Process and Uptake of Lung Cancer Screening Among Patients, Providers, and Across the Healthcare System
- Gina Kruse, MD, MPH; Elyse R. Park, PhD, MPH; and Jordan M. Neil, PhD, Mass General Cancer Center
  - Attitudes About COVID and Vaccination on Intentions to Undergo Lung Cancer Screening in Urban and Rural Settings
- David Odell, MD, MMSc, FACS, and Nisha Mohindra, MD, MS, Robert H. Lurie Comprehensive Cancer Center of Northwestern University
  - A User-Centered Approach to Improve Treatment Outcomes in Early-Stage Lung Cancer
- Dan J. Raz, MD; Tanyanika Phillips, MD; and Amartej Merla, MD, City of Hope
  - Implementing an Early Lung Cancer Detection and Navigation Program in the Antelope Valley: Improving Access, Utilization, and Outcomes in an Underserved Population
- Katharine Rendle, PhD, MSW, MPH, and Anil Vachani, MD, MS, Abramson Cancer Center at the University of Pennsylvania
  - Increasing Equitable Adherence to Annual Lung Cancer Screening and Diagnostic Follow-up
- Anurag K. Singh, MD; Sai Yendamuri, MD; and Elizabeth Bouchard, PhD, Roswell Park Comprehensive Cancer Center
  - Utilizing Patient-Reported Quality of Life to Inform Patient Decision-Making in Early-Stage Lung Cancer

“We are honored to partner with NCCN ORP to fund projects that will advance high-quality care and improved outcomes in individuals with an early-stage NSCLC,” said Nabil Chehab, PhD, US Medical Affairs Franchise Head for Lung Cancer at AstraZeneca. “Our goal is always to ensure oncology clinicians

are able to deliver the best treatment at the right time, and we look forward to the results of these efforts.”

Proposals were peer reviewed by a Scientific Review Committee, which consisted of leading expert oncologists from NCCN Member Institutions. The overall aim of this project is to develop innovative healthcare provider performance and quality improvement initiatives to improve patient care and outcomes in early-stage NSCLC, including proper screening and staging. Patients found to have stage I NSCLC, and treated appropriately, can have a 5-year survival rate of 76% to 92%, and approximately 60% for stage II disease.<sup>1</sup> The research projects will begin in late 2021 and take place over 2 years. Collectively, the total amount of grants awarded for these studies are approximately \$1.3 million.

The NCCN ORP fosters innovation and knowledge discovery that improve the lives of people with cancer and supports preclinical, translational, and clinical research and quality improvement projects in oncology at NCCN Member Institutions. In an effort to improve collaboration in cancer research, the NCCN ORP also maintains a shared resources website and an informed consent database.

For more information, visit [NCCN.org/orp](https://www.nccn.org/orp).

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## Reference

1. Goldstraw P, Cahnsky K, Crowley J, et al. The IASLC Lung Cancer Staging Project: Proposals for Revision of the TNM Stage Groupings in the Forthcoming (Eighth) Edition of the TNM Classification for Lung Cancer. *J Thorac Oncol* 2016;11:39–51.