CGA-IGC Newsletter
Quarterly release: Q1 2021

1. Merit-based Incentive Payment System for Universal Lynch Syndrome Screening

Universal tumor screening for Lynch syndrome was first proposed for all colorectal cancers by Hampel et al[1] in 2005; it has since been recommended by multiple professional organizations (Table 1) for both colorectal and endometrial cancers. In spite of this, data suggest that the utilization of MMR testing remains low[2,3,4]. In an effort to increase adherence to universal MMR testing guidelines, the College of American Pathologists (CAP) and the American Gastroenterological Association (AGA) are co-sponsoring a request to Medicare for a Merit-based Incentive Payment System (MIPS) measure. The MIPS measure will include universal tumor screening for primary colorectal, endometrial, gastroesophageal and small bowel carcinoma specimens, either biopsy or resection. Participating hospitals, groups, and clinicians who elect to track this measure, would be required to report the % of these patients who receive universal tumor screening for Lynch syndrome (as obtained through either immunohistochemistry and/or microsatellite instability). Overall MIPS performance is measured by analyzing data from four areas: Quality, Improvement Activities, Promoting Interoperability, and Cost. High overall scores result in incentives to CMS reimbursement and low overall scores result in penalties to CMS reimbursements. While Lynch syndrome is the most common inherited colorectal cancer syndrome and one of the most prevalent hereditary cancer syndromes in general, it continues to remain highly underdiagnosed. The MIPS measure is an extremely important first step in assessing (and potentially improving) adherence to universal screening recommendations.

Table 1. Recommendations for Universal Tumor Screening for Lynch Syndrome

Tumor to Screen	***Professional Organization***	***Year Recommendation Released***
Colorectal Cancer	Evaluation of Genetic Applications in Practice & Prevention (CDC)	2009
	Healthy People 2020	2010

	National Comprehensive Cancer Network	2013
	European Society of Medical Oncology	2013
	US Multi-society Task Force on Colorectal Cancer	2014
	American College of Gastroenterology	2015
	American Society of Clinical Oncology	2015
	National Institute for Health and Care Excellence (UK)	2017
Endometrial Cancer	American College of Obstetrics & Gynecology and the Society for Gynecologic Oncology	2014

References

1. Hampel H, et al. Screening for the Lynch Syndrome (Hereditary Nonpolyposis Colorectal Cancer). *NEJM*. 2005 May 5;352(18):1851-1860. PMID: 15872200
2. Kessels K, Fidder HH, de Groot NL, et al. Adherence to microsatellite instability testing in young-onset colorectal cancer patients. *Dis Colon Rectum*. 2013;56(7):825-833.
3. Van Lier MG, De Wilt JH,Wagemakers JJ, et al. Underutilization of microsatellite instability analysis in colorectal cancer patients at high risk for Lynch syndrome. *Scand J Gastroenterol*. 2009;44(5):600-604.
4. Shaikh T, Handorf, EA, Meyer, JE et al. Mismatch Repair Deficiency Testing in PatientsWith Colorectal Cancer and Nonadherence to Testing Guidelines in Young Adults. *JAMA Oncol*. 2018 Feb; 4(2): e173580.

2. Education committee update

The CGA-IGC 2021 Webinar Series

The 2021 webinar series kicked off in February with a webinar on polygenic risk scores in colorectal cancers, presented by **Ulrike Peters, PhD**.

If you missed the live event, you can watch the recordings here: [include link to recording].

The next webinar will be held on Wednesday, March 31, 2021 at 12pm ET/ 9am PT. **Dr. Sonia Kupfer** will speak about hereditary gastrointestinal cancers in diverse populations.

Do you have a challenging polyposis case? The Education Committee welcomes submission of interesting polyposis cases for discussion by an expert panel during the November Challenging Cases webinar. Brief case descriptions can be submitted via email to cga@pacemedcom.com by July 1, 2021.

Monthly Journal Scans with a Journal Club Podcast

The monthly journal scan created by the Education Committee is a valuable resource that will save you time and keep you current. To access the monthly journal scan, **click here**.

From time to time, the journal scan will include a link to a short podcast featuring an interview with one of the authors of a recently published journal article that is of interest to our membership. The first podcast of the year was released in February:

Episode 1
Eflornithine plus Sulindac for Prevention of Progression in
Familial Adenomatous Polyposis
Carol A. Burke, MD (Cleveland Clinic)

If you haven't already listened to them, you can access the podcast series here:
https://www.podomatic.com/podcasts/cga-igc

Stay tuned for more podcasts in 2021!

3. Research committee update

Coming to your inbox soon! We will be sending a follow-up questionnaire to those members who participated in the 2020 CGA-IGC Clinical Practice Survey. We appreciate your response.

Thank you to those who provided updated information for high-risk pancreatic cancer surveillance programs. This resource is now live on the CGA website:
https://www.cgaigc.com/copy-of-pancreatic-cancer-surveilla

Highlighted CGA Member Publications

Implementing Systematic Genetic Counseling and Multigene Germline Testing for Individuals With Pancreatic Cancer.
Chittenden A, Haraldsdottir S, Ukaegbu C, Underhill-Blazey M, Gaonkar S, Uno H, Brais LK, Perez K, Wolpin BM, Syngal S, Yurgelun MB
PMID: 33439686

Psychosocial outcomes following germline multigene panel testing in an ethnically and economically diverse cohort of patients

Culver JO, Ricker CN, Bonner J, Kidd J, Sturgeon D, Hodan R, Kingham K, Lowstuter K, Chun NM, Lebensohn AP, Rowe-Teeter C, Levonian P, Partynski K, Lara-Otero K, Hong C, Morales Pichardo J, Mills MA, Brown K, Lerman C, Ladabaum U, McDonnell KJ, Ford JM, Gruber SB, Kurian AW, Idos GE

PMID: 33320347

4. Genetics in the Media:

If they didn't meet your eye when they were first published, two articles you may want to swivel back to are **Banning Genetic Discrimination in Life Insurance –Following Florida's Lead** by Mark A. Rothstein, J.D and Kyle B. Brothers, M.D., Ph.D., from the New England Journal of Medicine (NEJM); and **Covid: Genes hold clues to why some people get severely ill** by Rebecca Morelle from the BBC. The NEJM article highlights the role physicians have in state wide policy decisions such as whether life insurance companies should be able to use genetic information as a factor in creating insurance rates (alongside traditional factors for underwriting: current health status, personal and family medical history, age, lifestyle, environmental exposures, amount of coverage sought relative to income). The authors argue that what is most important is creating policy that does not deter patients from choosing to get genetic testing. The BBC article alludes to a study in Nature of over 2,200 ICU patients conducted by Dr. Kenneth Bailie of the Royal Infirmary in Edinburgh. The patients' genetic makeups were compared to those of healthy individuals' to find potential culprit genes. Genetic changes that regulate immunologic overdrive (TYK2, DPP9), interferon production (INFAR), and viral defense (OAS) were identified. These genes are involved in pathways that may be targeted for therapeutic intervention moving forward.