



## CGA-IGC 2021 Newsletter

### Quarterly release: Q2

#### 1. Introducing CGA-IGC's DEI Committee!

The CGA-IGC Diversity, Equity and Inclusion (DEI) committee is focused on ensuring an inclusive and diverse culture throughout the organization that allows our members to thrive and deliver high quality care to our patients. The committee consists of members from all CGA-IGC committees to help facilitate and implement initiatives that address issues of healthcare inequity across hereditary gastrointestinal cancer and preventative care and support underrepresented communities. We also recommend organizational approaches and policies that promote greater diversity, equity, and inclusion among our membership.

- **Diversity:** We value diversity of talent and the unique perspectives that each individual brings to the CGA-IGC. We aim to strengthen and expand our membership pipelines particularly with respect to recruiting and supporting underrepresented groups including but not limited to Black, Indigenous and People of Color, sexual/gender minorities, disabled individuals, early career professionals and trainees.
- **Equity:** We acknowledge and consider the impact of systemic inequities on our patient populations and members. Moreover, we aim to foster an environment where all members have equitable access to opportunities and resources needed to succeed within the CGA-IGC.
- **Inclusion:** We will create an environment that allows members to be their authentic selves and that intentionally engages all members with both awareness and respect for DEI.

#### 2. Education Committee Updates

##### The CGA-IGC 2021 Webinar Series

The 2021 webinar series has included webinars on:

- *Polygenic risk scores in colorectal cancers*, presented by **Ulrike Peters, PhD**
- *Hereditary GI cancers in diverse populations*, presented by **Sonia Kupfer, MD**

Our last webinar on *Novel Hereditary Colorectal Cancer Genes*, presented by **Laura Valle, PhD**, took place on Thursday, May 13<sup>th</sup>. If you missed the live event, you can watch the recording [here](#).

Join us for the next webinar to be held on Thursday, July 15<sup>th</sup>, 2021, at 2 pm ET/11 am PT. **Dr. John Kiesel** will speak about novel methods of screening for colorectal cancer. Details will be sent out via e-

mail to our members. For a special webinar at the end of June featuring studies by our CGA-IGC members, please see information from the Research Committee!

Do you have a challenging polyposis case? The Education Committee welcomes the 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](mailto: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 third podcast of the year was released in April and features one of our own CGA-IGC members:

#### **Episode 3**

Naproxen chemoprevention promotes immune activation  
in Lynch syndrome colorectal mucosa

**Eduardo Vilar-Sanchez, MD, PhD** (MD Anderson Cancer Center)

If you haven't already listened to them, you can access the podcast series [here](#).

Stay tuned for more podcasts in 2021!

### **3. Research Committee Updates**

#### **Upcoming Collaborative Research Webinar**

Please join us for our inaugural Collaborative Research Webinar "Three Opportunities for Collaborative Research" on Wednesday June 30, 2021 at 12:00 PM ET/ 9:00 PT.

- The webinar is free to all.
- Register [here](#)!

#### **New Pancreatic Cancer Surveillance Resource**

Thank you to those who provided updated information for high-risk pancreatic cancer surveillance programs. This resource is now live on the [CGA-IGC website](#).

#### **Updated Registry**

Find a cancer genetic registry! Our updated 2021 registry guide is now live on the [CGA-IGC website](#).

## Upcoming Survey

Coming to your inbox soon! We will be sending the 2021 CGA-IGC Clinical Practice Survey. We appreciate your response.

### **4. Colorectal Cancer Screening: 45 is the New 50**

In May 2021, the US Preventive Services Task Force (USPSTF) made the formal recommendation to lower the age from 50 to 45 to begin colorectal cancer (CRC) screening in the general population. This new recommendation stems from data that show a nearly 15% increase over the last two decades in the incidence of CRC in adults age 40-49. This, in turn, has resulted in over 10% of all new CRC cases occurring in this age group, with more cancers (being) diagnosed at a later stage (stage III/IV) compared to CRCs diagnosed after the age of 50. The new USPSTF recommendation is intended for *all* average-risk individuals in the general population; it does not apply to those individuals at a higher risk for CRC due to personal history, family history, or genetic risk factors, where screening and surveillance should be tailored accordingly.

Adherence to CRC screening recommendations has historically proven to be challenging, with approximately 25-35% of eligible adults foregoing screening. Additionally, disparities exist among races/ethnicities, with Black adults having the highest incidence of and mortality from CRC. The USPSTF outlines the characteristics of recommended screening strategies, which include stool-based tests and direct visualization tests, and which may include combinations of screening tests. They advise that clinicians and patients consider various factors in deciding which screening test may be most appropriate for each patient. While the USPSTF notes that they are not able to make separate screening recommendations based on race/ethnicity, they strongly encourage clinicians to be cognizant of the disparities that exist, so that special attention be given to Black communities to ensure that patients receive the recommended screening and follow-up.

<b><i>Recommended Screening Strategy</i></b>	<b><i>Screening Intervals</i></b>
Colonoscopy screening	Every 10 years
Flexible sigmoidoscopy	Every 5 years
Flexible sigmoidoscopy + FIT	Flexible sigmoidoscopy every 10 years + FIT yearly
CT colonography	Every 5 years
sDNA-FIT	Every 1-3 years
High-sensitivity gFOBT or FIT	Every Year

References:

JAMA. 2021;325(19):1965-1977. doi:[10.1001/jama.2021.6238](https://doi.org/10.1001/jama.2021.6238)

## **5. Genetics in the Media: In case you missed it!**

### **Science Magazine 5/14/2021: “Do coronavirus genes slip into human chromosomes?” by Jon Cohen**

In December 2020, MIT researchers Rudolph Jaenisch and Richard Young proposed that SARS-CoV-2 could integrate into human chromosomes, causing positive testing well after recovery. Their results were published in a preprint (not peer-reviewed) of bioRxiv. While there may be credibility to their claims, there has been significant backlash to the original pre-print, as critics believe it may have provided support to anti-vaccine campaigns.

### **The New Yorker Magazine – 1/11/2021: “CRISPR and the Splice to Survive, New gene-editing technology could be used to save species from extinction—or to eliminate them” by Elizabeth Kolbert**

This long-form article starts by tracing some of the history of genetic engineering and describing the feats made possible by CRISPR (“ants that can’t smell, pigs that resist swine fever, macaques that suffer from sleep disorders, fluorescent male chickens that can be sexed while still in their egg shells, coffee beans that contain no caffeine, salmon that don’t lay eggs, mice that don’t get fat, edited twin baby humans [for which a prison sentence was handed down]”). Using the cane toad (*Rhinella marina*) and house mouse (*Mus musculus*) as primary examples, the article continues to lay out the ethically fraught territory of using CRISPR to reduce levels of invasive species. Are humans overstepping by “playing god” or making ethically sound decisions “using their understanding of biological processes to try and benefit a system that is in trauma”? Will humans ever truly possess the necessary foresight to appropriately control food webs using genetic technologies or through other means?