
LIMITATIONS OF THIS TOOLKIT

Practice variation. While we have tried to provide steps and resources that could be applicable to diverse primary care practices, one size does not fit all. Some practices may find that their needs related to family history collection, cancer screening and/or detection are not addressed within this toolkit.

Best practices. Evidence-based best practices are limited in certain areas of cancer risk management in primary care practice, particularly how to implement family history collection and risk assessment, and how to detect early onset CRC. The toolkit presents recommendations and experiences based on current practices and expert opinion where evidence-based guidelines are not available. See the best practices recommendations in the appendix.

Family history tool. The ideal risk assessment tool will stratify risk into average, increased/moderate, and high risk categories and be validated for primary care use. At the time of developing this toolkit, such a tool was not available. Additionally, many providers prefer algorithms and tools that are electronic and integrated with the Electronic Health Record, which are not widely available. We have provided examples and a list of currently available tools that primary care practices may wish to evaluate for their needs. This is a rapidly developing area of health IT, and additional tools may become available in the near future.

A comprehensive risk assessment process. Ideally, CRC family history collection and risk assessment should be integrated into risk assessment for other conditions relevant to the primary care clinic. The scope of this toolkit is to support CRC best practices, recognizing that clinicians may choose to expand their efforts to include other cancers and health conditions.

Ongoing evaluation and iteration. Just as one educational program cannot sustain behavior change over time, implementation of a new clinical process without monitoring and iterative improvement is unlikely to be successful. Practices should continue to evaluate their family history and cancer screening workflows and processes to identify areas for update and improvement.