

Research

Outreach to Improve Colorectal Cancer Screening 806

Screening for CRC is most effective when patients adhere to guideline-recommended follow-up, including repeat testing for normal test results and diagnostic follow-up of abnormal test results. In a randomized clinical trial by Singal and colleagues of 5999 participants aged 50 to 64 years who were receiving primary care in an urban safety-net hospital, mailed outreach invitations compared with usual care increased the proportion of participants completing a CRC screening process within 3 years.

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Physician Notification and Adherence to Screening 816

Colorectal cancer (CRC) screening is associated with improved survival, but rates of screening are suboptimal. In a randomized clinical trial by Rat and colleagues of 1482 French physicians in 801 general practices, physicians who were told which of their patients were not up-to-date with CRC screening guidelines had better screening rates at 1 year than physicians who did not receive patient-specific notifications. In an Editorial on this and another article on CRC screening, Pignone and Miller recommend that clinicians and health systems encourage screening by sending low-cost reminders such as text messages with support from patient navigators, and also ensure that their patients have sufficient access to colonoscopy services.

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Mutation Detection in Patients With Advanced Cancer 825

Universal sequencing of tumor and normal tissue in patients with cancer may detect clinically important abnormalities that would be missed by a more restrictive testing strategy based on family history. In a descriptive study by Mandelker and colleagues of 1040 patients with advanced cancer who were referred by their oncologists for germline analysis of 76 cancer predisposition genes, universal sequencing of a broad panel of cancer-related genes in paired germline and tumor samples was associated with increased detection of clinically significant heritable mutations. In an Editorial, Van Allen comments that germline analysis of patients with cancer has led to a better understanding of inherited cancer predisposition.

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Editor in Chief
Howard Bauchner, MD

134 YEARS
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Clinical Review & Education

Vision Screening in Children: USPSTF Recommendation **836**

Amblyopia is an alteration of the visual neural pathway in a child's developing brain that can lead to permanent loss of vision in the affected eye. The US Preventive Services Task Force (USPSTF) recommends vision screening for all children aged 3 to 5 years to detect amblyopia, strabismus, and anisometropia.

Related Article **845** JAMA Patient Page **878**

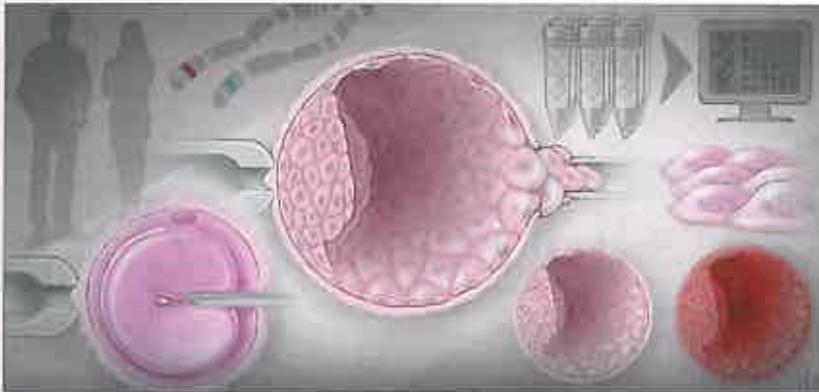
Author Audio Interview jama.com CME jamanetwork.com/learning

Vision Screening in Children: Evidence Report **845**

To inform USPSTF deliberations on screening for amblyopia, Jonas and colleagues reviewed the findings of 40 studies and found indirect evidence to support vision screening and some treatments for improving visual acuity.

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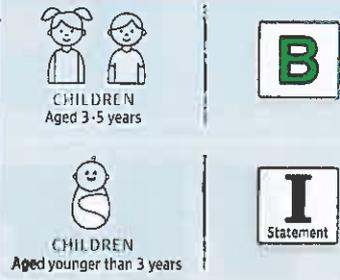
Preimplantation Genetic Diagnosis **859**



This JAMA Insights article by Dolan and colleagues explains how preimplantation genetic diagnosis and in vitro fertilization can help prospective parents who are carriers of a serious genetic condition reduce their risk of having an affected child.

Author Audio Interview jama.com CME jamanetwork.com/learning

Vision Screening in Children Aged 6 Months to 5 Years



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Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

Genomics and Precision Health

A genomics glossary and related articles are available at jamagenetics.com.

Author Interview



AUDIO Interview with Alex R. Kemper, MD, MPH, MS, author of "Vision Screening in Children Aged 6 Months to 5 Years: US Preventive Services Task Force Recommendation Statement"

AUDIO Interview with Siobhan M. Dolan, MD, MPH, Tamar H. Goldwaser, MD, and Sangita K. Jindal, PhD, authors of "Preimplantation Genetic Diagnosis for Mendelian Conditions"

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