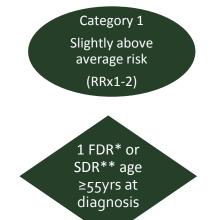
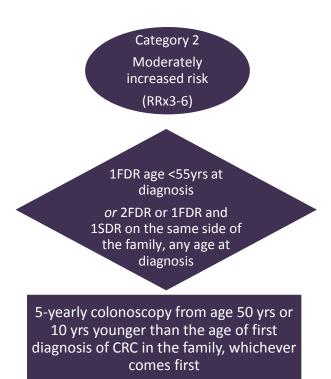
## **GUIDELINES FOR COLORECTAL CANCER SCREENING - FAMILY HISTORY**



FOBT every 1-2 yrs and consider sigmoidoscopy (preferably flexible) every 5 yrs from age 50 yrs
Routine colonoscopy is not recommended



Category 3
High risk
(RRx15)

Known or
suspected
familial
syndrome

Known FAP or Lynch Syndrome (ie HNPCC):
Specialist referral, as per NHMRC Guidelines

Suspected Lynch Syndrome: Every 1 or 2 years from age 25 yrs or 5 yrs younger than the youngest affected family member (whichever comes first)

Suspected FAP or other syndromes: Refer to Guidelines

## NOTES:

This algorithm is designed to be used in conjunction with the NHMRC <u>Clinical practice guidelines for the prevention, early detection and management of colorectal cancer (CRC) 2nd edition</u> (Dec 2005) and is intended to support clinical judgement.

Screening based on family history is appropriate in asymptomatic individuals with no personal history of cancer, inflammatory bowel disease or advanced adenoma. In symptomatic patients, a diagnostic work-up is appropriate. A full history and complete clinical and pathologic information is required for the assessment of familial risk.

Suspected high risk familial syndromes include a history of:  $\geq$ 3 FDRs or SDRs on the same side of the family with colorectal cancer (CRC);  $\geq$ 2 FDRs or SDRs on the same side of family with CRC, one of whom has either multiple CRCs or was diagnosed with CRC at age <50 yrs or with an additional Lynch Syndrome-related cancer;  $\geq$ 1 FDR or SDR with CRC and a large number of synchronous adenomas; or where there is a known gene mutation in a family member.

Individuals in whom a known mutation has been excluded no longer require high risk screening.

Abbreviations: RR – Relative Risk; FOBT - Faecal Occult Blood Test; FAP - Familial Adenomatous Polyposis; HNPCC - Hereditary Non-Polyposis Colorectal Cancer
\*FDR(s) - First Degree Relative(s): Mother or father, brother or sister, son or daughter; \*\*SDR(s) - Second Degree Relative(s): Grandparent or grandchild, aunt or uncle, niece or nephew

Suggested citation: Barclay Karen, Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. Algorithm for Colorectal Cancer Screening – Family History. 2013.

Cancer Council Australia would like to acknowledge and sincerely thank Ms Karen Barclay for developing this algorithm based on the Clinical practice guidelines for the prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005)