

Colorectal Cancer Screening in Individuals with a Family History

In November 2018, the Canadian Association of Gastroenterology released a clinical practice guideline on colorectal cancer screening for individuals with a family history of colorectal cancer or advanced adenomas.

The guideline, which is based on a systematic review of the literature and consensus recommendations, advises that individuals be screened with colonoscopy if they are at increased risk of colorectal cancer due to family history. FOBT remains the screening test of choice for individuals at average risk of colorectal cancer.

FAMILY HISTORY*	SCREENING RECOMMENDATION
Two or more 1 st degree relatives diagnosed with CRC at any age	Colonoscopy ever 5 years beginning at age 40 or 10 years earlier than the youngest relative’s diagnosis (whichever occurs first). Screening with FOBT is not recommended.
One 1 st degree relative diagnosed with CRC at any age	Preferred test: colonoscopy every 5 to 10 years beginning at age 40 or 10 years earlier than the youngest relative’s diagnosis (whichever occurs first). Alternate test: FOBT every one to two years starting at age 40 or 10 years earlier than the youngest relative’s diagnosis (whichever occurs first).
One or more 1 st degree relatives with a documented advanced adenoma (≥1 cm in size, with high grade dysplasia, or villous and tubulovillous lesions) at any age	Colonoscopy every 5 to 10 years OR FOBT every 1 to 2 years beginning at age 40 or 10 years earlier than the youngest relative’s diagnosis (whichever occurs first).
One or more 2 nd degree relatives with CRC	Follow average-risk screening recommendation: FOBT every two years.
One or more 1 st degree relative with non-advanced adenoma	Follow average-risk screening recommendation: FOBT every two years.

*1st degree relatives include parents, brothers, sisters, and children. 2nd degree relatives include aunts, uncles, and grandparents.

Individuals are also at an increased risk of colorectal cancer if they have a personal history of:

- Colorectal cancer or adenomas requiring surveillance,
- Inflammatory bowel disease with associated colitis, or
- Confirmed/suspected hereditary colon cancer syndromes such as Lynch syndrome or Familial Adenomatous Polyposis (FAP)

These individuals should follow the endoscopic surveillance and management plan of their endoscopist.

To access the full guideline, visit https://www.cag-acg.org/images/publications/CAG_CPG_CRC_Screening_Aug2018.pdf
ColonCheck has revised its screening guidelines to reflect these new recommendations. To view the screening guidelines, visit cancercare.mb.ca/screening/hcp.

March is Colorectal Cancer Awareness Month

ColonCheck is preparing for an exciting month promoting colorectal cancer screening awareness to Manitobans with the “**Don’t just sit there**” campaign. To order pamphlets, posters, and other free educational resources for your clinic, please visit cancercare.mb.ca/screening/resources

Our website has moved!

For more information for healthcare providers visit cancercare.mb.ca/screening/hcp