

## **Colon Cancer Screening in Patients with Family History Referral Guideline**

### **Diagnosis/Definition**

- Simple family history: One or more first degree relative(s) with colon cancer (but not meeting criteria for familial syndromes as below); relative must be < age 60 at time of diagnosis.
- Familial adenomatous polyposis (i.e. Gardners) defined by appearance of 100-1000 polyps at endoscopy in the index patient. All first degree relatives are considered at risk (autosomal dominant).
- Lynch Syndrome (HNPCC) Family defined as three relatives with colon CA, involving at least two generations. One relative must be first degree relative of the other two, and at least one cancer should be diagnosed age <50.

### **Initial Diagnosis and Management**

- The family history usually makes the diagnosis in patients at risk.

### **Ongoing Management and Objectives**

- When the diagnosis of an at risk patient is made, then periodic referral for colonoscopy according to the schedule below is indicated. No interval testing for occult blood is recommended.

### **Indications for Gastroenterology Referral**

- Family history of colon CA: Colonoscopy beginning 10 years younger than youngest affected relative (please include relatives age on consult) or at age 40. Change to average risk screening age 65 if colon always normal.
- Familial adenomatous polyposis (i.e. Gardners): Refer patients to GI. First degree relatives: yearly flex-sig ages 10-50.
- Lynch Syndrome: First degree relatives: Colonoscopy every two years beginning age 25 (or 5 years younger than youngest affected relative. Colonoscopy should be yearly if adenomas are found.

**Criteria for Return to Primary Care** :Completion of colonoscopy.