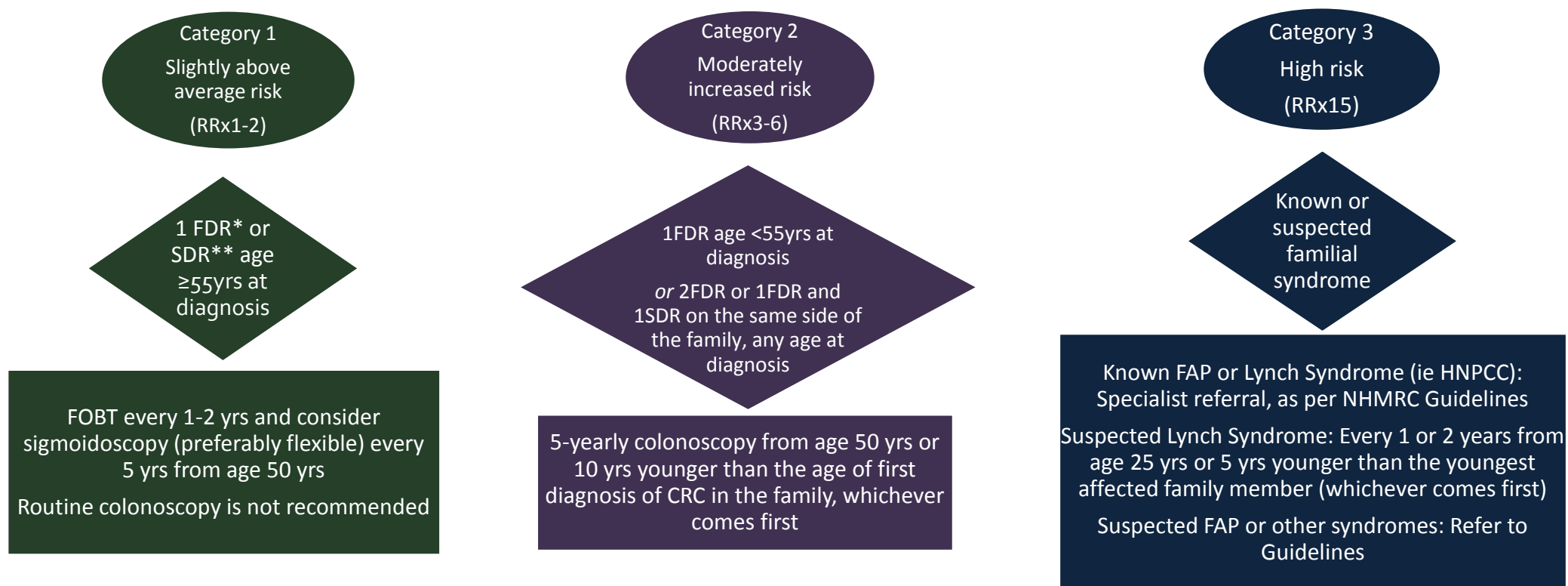


## GUIDELINES FOR COLORECTAL CANCER SCREENING - FAMILY HISTORY



### NOTES:

This algorithm is designed to be used in conjunction with the NHMRC [Clinical practice guidelines for the prevention, early detection and management of colorectal cancer \(CRC\) 2nd edition \(Dec 2005\)](#) 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.

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