

INCLUSION CRITERIA

Early-age-onset colorectal cancer (< age 50)
or
Clustering of same or related cancer in close relative

- Colorectal
- Endometrial
- Ovarian
- Duodenal/small bowel
- Stomach
- Ureteral/renal pelvis
- Sebaceous adenomas or sebaceous carcinomas

or
Multiple colorectal carcinomas or >10 adenomas in same individual
or
Family with known hereditary syndrome associated with cancer with or without mutation (eg, polyposis)

Patient needs
+
Detailed family history^t
+
Detailed medical and surgical history^u
+
Directed examination for related manifestations^v

HEREDITARY SYNDROME

HNPCC criteria met
(See [CSCR-8](#))

Classical FAP criteria met
(See [CSCR-11](#))

Attenuated FAP criteria met
(See [CSCR-11](#))

MYH-associated polyposis criteria met
(See [CSCR-19](#))

Peutz-Jeghers syndrome or juvenile polyposis criteria met

No syndromes, but familial risk (or HNPCC/FAP/MYH/PJS/JP) criteria not met

RISK/GENETIC COUNSELING^w

Risk assessment and counseling:

- Psychosocial assessment and support
- Risk counseling
- Education support
- Discussion of genetic testing^w
- Informed consent

Referral to specialized team recommended

See [HNPCC pathway \(CSCR-8\)](#)

See [Classical FAP pathway \(CSCR-11\)](#)

See [Attenuated FAP pathway \(CSCR-11\)](#)

See [MYH pathway \(CSCR-19\)](#)

See [Positive Family History \(CSCR-6\)](#)

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These Guidelines are a work in progress that will be refined as often as new significant data becomes available. The NCCN Guidelines are a statement of consensus of its authors regarding the views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN guideline is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

^tDetailed Family History:

- Expanded pedigree to include first-, second-, and third-degree relatives (parents, children, siblings, half-siblings, aunts, uncles, grandparents, great-grandparents, cousins, nieces, nephews)
 - Types of cancer
 - Age at onset or diagnosis
 - Medical record documentation of cancer strongly encouraged
 - Ethnicity
- See [Family History of Colorectal Cancer and Expanded Pedigree \(CSCR-A\)](#)

^uDetailed Medical and Surgical History:

- Polyps
- Inflammatory bowel disease
- Other recognized syndromes:
 - › Gardner's syndrome
 - › HNPCC/Lynch syndrome
 - › Turcot's syndrome
 - › Muir-Torre syndrome
 - › Peutz-Jeghers syndrome
 - › Juvenile polyposis
 - › Cowden syndrome and PTEN related syndromes
 - › Bannayan-Riley-Ruvalcaba syndrome
 - › MYH-associated polyposis
- Pathology verification strongly encouraged

^vDirected examination for related manifestations:

- Colonoscopy
- Esophagogastroduodenoscopy
- Eye examination
- Skin, soft-tissue, and bone examination

^wA genetic counselor and/or medical geneticist should be involved early in counseling patients who (potentially) meet criteria for an inherited syndrome. Genetic counseling is advised when genetic testing is offered.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.