Colorectal Cancer Screening

Guidelines Index
Colorectal Screening TOC
MS, References

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

→ **See HNPCC pathway (CSCR-8)**
→ **See Classical FAP pathway (CSCR-11)**
→ **See Attenuated FAP pathway (CSCR-11)**
→ **See MYH pathway (CSCR-19)**

Referral to specialized team recommended

→ **See Positive Family History (CSCR-6)**

[t] Detailed 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)

[u] Detailed 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

[v] Directed examination for related manifestations:
- Colonoscopy
- Esophagogastroduodenoscopy
- Eye examination
- Skin, soft-tissue, and bone examination

[w] A 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.