


Screening strategies for people with a family history of bowel cancer

This document provides guidance about recommended strategies to enable the early detection of bowel cancer for people at risk of developing bowel cancer based on family history.

When assessing your patient's family history of bowel cancer and risk category:

- Include both sides of the family in your assessment
- Consider 1st-degree relatives (parent, sibling or child) and 2nd-degree relatives (aunt, uncle, niece, nephew or grandparent)
- Review and update their family history regularly, as knowledge of family history may change over time

Family history of colorectal cancer	Risk category*		Recommended approach
No first- or second-degree relative	1	Near average risk	<ul style="list-style-type: none"> ✓ Encourage screening with the National Bowel Cancer Screening Program iFOBT every 2 years from the age of 45 to age 74 
1 first-degree relative diagnosed age 60 or older		Above average risk but less than twice the risk	
1 first-degree relative diagnosed before age 60 or 1 first-degree relative AND 1 or more second-degree relatives diagnosed at any age or 2 first-degree relatives diagnosed at any age	2	Moderate risk	<ul style="list-style-type: none"> ✓ Offer colonoscopy every 5 years ✓ Start monitoring 10 years younger than the earliest age of diagnosis in a first-degree relative OR at age 50 – whichever is earlier ✓ Continue monitoring up to age 74 ✓ CT colonography may be offered if clinically indicated
2 first-degree relatives AND 1 second-degree relative, with at least 1 diagnosed before age 50 or 2 first-degree relatives AND 2 or more second-degree relatives diagnosed at any age or 3 or more first-degree relatives diagnosed at any age	3	High risk	<ul style="list-style-type: none"> ✓ Offer colonoscopy every 5 years ✓ Start monitoring 10 years younger than the earliest age of diagnosis in a first-degree relative OR at age 40 – whichever is earlier ✓ Continue monitoring up to age 74 ✓ CT colonography may be offered if clinically indicated ✓ Consider referral to a family cancer clinic. Prioritise referral if all diagnosed relatives are from the same side of the family

*Risk category excludes an individual known to have, or known to be related to someone with, a genetic predisposition to colorectal cancer. For more, refer to eviQ resources on colorectal cancer risk management.

➔ **Moderately increased risk:** www.eviq.org.au/cancer-genetics/adult/risk-management/1425-colorectal-cancer-moderately-increased-risk

➔ **High risk:** www.eviq.org.au/cancer-genetics/adult/risk-management/3597-colorectal-cancer-high-risk-risk-manageme

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