


Surveillance strategies for patients with a family history of bowel cancer

This document provides guidance about recommended surveillance strategies to enable the early detection of bowel cancer for people whose family history puts them at a moderate or high risk of developing bowel cancer. The National Bowel Cancer Screening Program is not a suitable screening option for people who fall under these higher risk categories.

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*		Screening 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 information, refer to the following 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-management