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Summary

Family history of Colorectal cancer- what's next?

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Podcast Episode

Digestive Oncology

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The discussion addresses risk stratification and colonoscopy surveillance for individuals with family history of colorectal cancer outside of established hereditary syndromes such as Lynch syndrome or familial adenomatous polyposis.

KEY POINTS

- Approximately 30% of families have a first- or second-degree relative with colorectal cancer, but most family history does not reflect a high-risk genetic trait and may be due to random events or shared environment.
- Guidelines define moderate risk as approximately doubled lifetime risk (around 10%) when one first-degree relative is diagnosed before age 50 or two first-degree relatives at any age cluster in the family; colonoscopy surveillance is recommended from around age 50 in this group.
- Tumour testing for mismatch repair on affected relatives can help rule out Lynch syndrome and refine risk assessment; families with three affected individuals have higher likelihood of a genetic syndrome and may warrant genetic evaluation.
- Colonoscopy remains the gold standard for surveillance; CT colonography is acceptable for single screening but repeated radiation exposure over a lifetime raises concern, and FIT lacks convincing data for advanced adenoma detection in this population.
- Healthy lifestyle measures (diet rich in fruit and vegetables, avoiding excess red meat, maintaining healthy BMI, regular exercise) are beneficial even in those with family history or genetic syndromes, and all cancer risk is modifiable through lifestyle; aspirin is recommended in Lynch syndrome but not routinely advised for family history alone outside that context.

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