



Minnesota Department of Health Colorectal Cancer and Family Health History

Screening for Individuals Without a Family History

Screening for colorectal cancer should start at age 50 for most people. Several screening tests are recommended.

- ◆ Yearly fecal occult blood test (FOT) or fecal immunochemical test (FIT)
- ◆ Flexible sigmoidoscopy every 5 years
- ◆ Double-contrast barium enema every 5 years
- ◆ Colonoscopy every 10 years
- ◆ Individuals with inflammatory bowel disease, personal history of curative intent resected colorectal cancer, ovarian cancer, endometrial cancer, or adenoma(s) found at colonoscopy should be screened more frequently.¹

¹ National Comprehensive Cancer Network, Centers for Disease Control, American Cancer Society, Minnesota Colorectal Consortium, and the United States Preventive Services Task Force

Screening for Individuals With a Family History

- ◆ Individuals with:
 1. One first degree relative (brother, sister, parent of child)
 2. Two or more second degree relatives (grandparents, uncles, aunts, nephews, nieces, half-brothers, half-sisters)with a history of colorectal cancer should be screened with colonoscopy at age 40 or 10 years younger than the earliest case of colorectal cancer in the family, whichever is younger.
- ◆ If a genetic cancer syndrome that includes colorectal cancer is diagnosed, comprehensive screening recommendations that address all potential aspects of the syndrome should be consulted.

² National Comprehensive Cancer Network

What is a Family Health History?

A record of a person's current and past illnesses, and those of his or her parents, brothers, sisters, children, and other blood relatives. A family health history shows the pattern of certain diseases in a family, and helps to determine risk factors for those and other diseases.³



³ National Cancer Institute

Updated May 2007

Colorectal Cancer Risk Factors and What You Can Do About Them

Things You Can Change

- ◆ **Obesity:** Greater weight leads to greater risk.
- ◆ **Diet:** A diet high in fat, meat, and processed grains increases risk.
- ◆ **Exercise:** An inactive lifestyle increases risk.
- ◆ **Smoking:** Smoking increases risk
- ◆ **Alcohol intake:** Drinking too much alcohol increases risk

What Can You Do?

- ◆ **Lose weight** if you are overweight
- ◆ **Eat a balanced diet** including fruits, vegetables, whole grains, low-fat or fat-free dairy products, and lean meats
- ◆ **Get active**
- ◆ **Drink less alcohol**
- ◆ **Quit smoking**
- ◆ **Regular screening**
- ◆ **Talk to your healthcare provider** about preventing and screening for cancer



Your Family Health History...

Know your past.
Act in the present.
Protect your future.



Things You Can't Change

- ◆ **Family history:** People who have a family history of colorectal cancer, especially if the relatives are affected before the age of 60, are more likely to develop this disease.⁴
- ◆ **Age:** Individuals older than 50 are at greater risk.
- ◆ **Ethnicity:** Ashkenazi Jews have greater risk.
- ◆ **Personal history of ulcerative colitis or Crohn's disease:** Increases risk
- ◆ **Personal or family history of ovarian, breast, or endometrial cancer:** Increases risk
- ◆ **Genetic cancer syndromes:** About 10% of people who develop colorectal cancer are born with genetic susceptibility to the disease.⁴

⁴ The American Cancer Society. <http://www.cancer.org>

What Can You Do If You Have A Family History?

- ◆ **Talk to your healthcare provider** about your family health history of cancer
- ◆ **Earlier and more frequent colorectal screening** (at age 40 or ten years younger than your relative was at the time cancer was diagnosed)
- ◆ **Cancer risk assessment, genetic counseling, and genetic testing**
- ◆ **Engage in healthy behaviors** (see left box)