NOTES:
This algorithm is designed to be used in conjunction with the NHMRC Clinical practice guidelines for the prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005) and is intended to support clinical judgement.

Screening based on family history is appropriate in asymptomatic individuals with no personal history of cancer, inflammatory bowel disease or advanced adenoma. In symptomatic patients, a diagnostic work-up is appropriate. A full history and complete clinical and pathologic information is required for the assessment of familial risk.

Suspected high risk familial syndromes include a history of: ≥3 FDRs or SDRs on the same side of the family with colorectal cancer (CRC); ≥2 FDRs or 1 FDR and 1 SDR on the same side of the family, any age at diagnosis; ≥1 FDR or SDR with CRC and a large number of synchronous adenomas; or where there is a known gene mutation in a family member.

Individuals in whom a known mutation has been excluded no longer require high risk screening.

Abbreviations: RR – Relative Risk; FOBT – Faecal Occult Blood Test; FAP – Familial Adenomatous Polyposis; HNPCC – Hereditary Non-Polyposis Colorectal Cancer
*FDR(s) - First Degree Relative(s): Mother or father, brother or sister, son or daughter; **SDR(s) - Second Degree Relative(s): Grandparent or grandchild, aunt or uncle, niece or nephew


Cancer Council Australia would like to acknowledge and sincerely thank Ms Karen Barclay for developing this algorithm based on the Clinical practice guidelines for the prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005)