Group 3

You have one parent, sister, brother or child who had colon or rectal cancer *before* age 50 or an adenomatous polyp *before* age 60

or

You have *two* close relatives (parent, sister, brother, child) who had colon or rectal cancer *after* age 50 and/or an adenomatous polyp at any age.

Colon/Rectum

- Yearly test for blood in stool, beginning at age of first colonoscopy.
- Colonoscopy with digital rectal exam every 3-5 years, beginning either at age 35-40 **or** 5-10 years earlier than the earliest age at which colon or rectal cancer occurred in your family, whichever is younger.
  These are broad guidelines. ***Discuss them with your doctor*** *to decide what age and testing interval is right for you. Flexible sigmoidoscopy and air contrast barium enema exam may be substituted for colonoscopy but are not preferred.*

Female Organs

- Yearly pelvic exam with Pap test beginning age 18, younger if sexually active.
  After 3 normal exams, Pap test may be done less frequently. Discuss with your doctor.
- Endometrial biopsy and/or transvaginal ultrasound if recommended by your doctor.
  A family history of endometrial and/or colon cancer may increase your risk of endometrial cancer.

Breast

- Breast self-exam every month.
- Exam by doctor and mammography (breast x-ray) at intervals suggested by your doctor.

Group 4

If you have a stronger family history than described in Group 3 discuss the following guidelines with your doctor.

For example - your mother, her father and her sister *have colon or rectal cancer and at least one of them was* ***under age 50*** *when they were diagnosed.*

Colon/Rectum

- Yearly test for blood in stool, beginning at age of first colonoscopy.
- Colonoscopy with digital rectal exam every 1-3 years, beginning either at age 25 **or** 5-10 years earlier than the earliest age at which colon or rectal cancer occurred in your family, whichever is younger.
  Your doctor should decide what age and testing interval is right for you.

Female Organs

- Yearly pelvic exam with Pap test beginning age 18, younger if sexually active.
- Yearly endometrial biopsy and/or transvaginal ultrasound beginning age 25-35.
  A family history of endometrial and/or colon cancer may increase your risk of endometrial cancer. Discuss with your doctor.

Breast

- Breast self-exam every month.
- Exam by doctor and mammography (breast x-ray) at intervals suggested by your doctor.

Genetic testing

Consider genetic counseling and testing for genes associated with hereditary colon and rectal cancer.

Cancer Screening Guidelines

for Families with a History of Colorectal Cancer or Polyps

The Johns Hopkins
Hereditary Colorectal Cancer
Registry

550 N. Broadway Suite 108
Baltimore, MD 21205

These cancer screening guidelines are for people who have a family member with colon or rectal (colorectal) cancer or adenomatous (pre-cancerous) polyps. When one family member gets colon or rectal cancer, his or her close relatives (parents, sisters, brothers, children) have a higher risk of developing colon or rectal cancer than the general population.

The guidelines were developed to help you and your doctor decide which cancer examinations you should have and when you should have them. They are for people who may be at risk for developing colon or rectal cancer.

If you have ever had colon or rectal cancer or adenomatous polyps, please continue to follow your doctor's recommendations for examinations.

To learn which guidelines you should follow:

1. Find the group to which you belong by reading the description at the top of each column. For example:

If your **mother and your brother** both had colon cancer after age 50, you would belong to **Group 3**.

If your **grandmother (your father's mother)** has colon cancer but your **father does not**, you would belong to Group 1.

2. Discuss the recommended screening guidelines for your group with your doctor.

Group 1

You have colon or rectal cancer or adenomatous polyps in your family but the affected family member *is not* your parent, sister, brother or child.

Colon/Rectum

- Yearly test for blood in stool, beginning age 50.
- Flexible sigmoidoscopy with digital rectal exam every 5 years, beginning age 50.
  *Other alternative exams include: **double-contrast barium enema** every 5-10 years or **colonoscopy** every 10 years (both with **digital rectal exam**). Discuss these options with your doctor.*

Female Organs

- Yearly pelvic exam with Pap test beginning age 18, younger if sexually active.
  After 3 normal exams, Pap test may be done less frequently. Discuss with your doctor.
- At menopause, endometrial biopsy if recommended by your doctor.
  A family history of endometrial and/or colon cancer may increase your risk of endometrial cancer.

Breast

- Breast self-exam every month.
- Exam by doctor and mammography (breast x-ray) at intervals suggested by your doctor.

Group 2

You have one parent, sister, brother or child who had colon or rectal cancer *after* age 50 or adenomatous polyps *after* age 60.

Because doctors are uncertain about the best guidelines for patients in this group, we recommend that you discuss the guidelines for **Group 1** and **Group 3** with your doctor to decide what is best for you.

Some factors which may influence your decision include:

- The age at which your parent, sister, brother or child was diagnosed with colon or rectal cancer.
- The presence of colon or rectal cancer in other, more distant, family members.
- The presence of other cancers in your family.

JOHNS HOPKINS
MEDICINE

The Johns Hopkins Hereditary Colorectal Cancer Program.
Revised October 5, 1998.
© 1998 The Johns Hopkins University