ASSESSING RISK AND IDENTIFYING RED FLAGS

Accurate risk assessment involves a synthesis of multiple data points, including family and medical history, patient race or ethnicity and lifestyle, behaviors, and exposures.

Risk assessment begins with identifying genetic red flags and looking for patterns in the family history, as well as considering any alarm signs and symptoms for a present cancer. The next step will be to stratify risk. The next page includes the risk factors that may change risk from one level to another, for example, from average to increased risk. See the resources on the left side-bar to learn more about cancer risk factors.

PARTICIPANTS
Provider, patient

WHAT YOU'LL NEED
Risk assessment tool

BARRIERS
Incomplete or missing family history information, misattributed family relationships (e.g., paternity), complex family relationships and structure, small families, adoption, early deaths due to other causes, prophylactic surgeries that may prevent cancers, and lack of medical record documentation

PRACTICE THIS SKILL
Web based module on Identifying Red Flags and Patterns that Increase Cancer Risk

Web based module on Identifying and Managing Lynch Syndrome

LEARN MORE
NCI CRC Prevention PDQ

STEPS

1 Identify personal risk factors that may change risk level.

2 Identify genetic red flags in the family history.

3 Identify patterns in the family history that can point to inheritance patterns, familial clustering of cancer, or specific high-risk syndromes.

4 Identify alarm signs and symptoms in the patient's current clinical presentation that may be indicative of underlying CRC. Don't ignore these signs because the patient is young; though less common, young adults can develop CRC.

RISK FACTORS THAT INFLUENCE RISK STRATIFICATION

PERSONAL RISK FACTORS THAT MAY CHANGE RISK LEVEL

- past cancer, especially colorectal or endometrial

- past advanced adenomas or serrated colon or rectal polyps (confirmed by pathology reports)

- inflammatory bowel disease

- African American ethnicity may change risk level, but guidelines are conflicting on this point

GENETIC RED FLAGS IN THE FAMILY HISTORY

- early onset (< 50 years) cancer or advanced adenomatous colorectal polyp (> 1 cm, confirmed by pathology)

- multiple relatives with the same or associated cancers* on the same side of the family

- multifocal (multiple primaries) or bilateral cancer

- individual with greater than 10 adenomatous colorectal polyps (confirmed), or polyps with unusual histology (e.g., juvenile polyps, Peutz-Jeghers polyps, or ganglioneuromas)

- known genetic syndrome in family

PATTERNS IN THE FAMILY HISTORY

- several colon, rectal, endometrial, gastric, small bowel, ovarian, urinary system, renal pelvis, pancreatic, brain (usually glioblastoma) and/or sebaceous cancers on the same side of the family

- associated cancers* in multiple generations (dominant inheritance)

- predominately siblings affected (recessive inheritance)

ALARM SIGNS AND SYMPTOMS IN THE PATIENT'S CURRENT CLINICAL PRESENTATION THAT MAY BE ASSOCIATED WITH CRC REGARDLESS OF AGE OR FAMILY HISTORY

- blood in stool

- recent onset, persistent or progressive diarrhea and/or constipation

- persistent or progressive abdominal pain

- unexplained iron deficiency anemia

- abdominal mass

- unexplained weight loss

*colon, rectal, endometrial, gastric, small bowel, ovarian, urinary system, renal pelvis, pancreatic, brain (usually glioblastoma) and/or sebaceous skin lesions and keratocanthomas