USING FAMILY HISTORY TO INFORM MANAGEMENT

Family history information can help guide management decisions for increased and high risk patients.

In general, increased risk patients are candidates for earlier or more frequent CRC screening and high risk patients should be referred to genetics for further evaluation and care coordination. The steps below are educational in nature and summarize general components of a management plan as outlined in national guidelines. Always consult the most recent guidelines for patient management. As discussed in Chapter 2, your practice may wish to identify a set of cancer screening guidelines that will be used consistently across the practice.

In some cases, professional guidelines about management for different risk levels are inconsistent. Especially in these cases, providers should use family history information to help facilitate informed decision-making by the patient about screening, and may contact an expert if in doubt.

PARTICIPANTS
Provider, patient

WHAT YOU'LL NEED
CRC screening algorithm

BARRIERS
Conflicting guidelines, changing recommendations

PRACTICE THIS SKILL
Web based module on Using Family History to Inform Management

Web based module on Identifying and Managing Lynch Syndrome

LEARN MORE
Cancer Screening Factsheet

Identifying Screening Protocols for Increased and High Risk Patients

Professional Society Guidelines

NCCRT Steps for Increasing CRC Screening Rates

PATIENT MATERIALS
Patient Education Materials

STEPS

1. Develop an appropriate risk reduction plan based on personal and family history assessment. See next page for ideas.
2. Communicate your recommendations to the patient and engage the patient in shared-decision making about screening and management options. **A provider's recommendation is the #1 factor influencing the patient's decision to undergo screening. See the example script that follows.**
3. Colonoscopy, rather than other CRC screening tests, is generally recommended for patients at increased or high risk based on personal and/or family history. As always, a screening test should be selected through shared-decision making with the patient to discuss the benefits, risks, limitations, and alternatives.
4. Encourage individuals at increased or high risk to communicate with their family members about the cancer risk in the family, so that relatives can also talk with their providers about cancer screening and genetic testing as appropriate.
5. Provide patient education materials about the next steps, such as a colonoscopy or referral to genetics.
6. Identify a plan to follow-up and discuss additional patient questions and medical management issues as needed. Document plan in medical record and provide patient with a written copy of the plan.

RISK REDUCTION PLAN

Always consult the most recent guidelines for patient management.

AVERAGE RISK

- Regular CRC screening at age 45 or 50 according to recognized guidelines and the practice's desired protocol.*
- Other screening as recommended by recognized guidelines
- Advise that specific lifestyle changes may modify the risk for cancer

INCREASED (MODERATE) RISK

- CRC screening at earlier ages/more frequent intervals than average risk individuals, such as screening at 40 or 10 years earlier than the youngest diagnosis in the immediate family (dependent on family/medical history and polyp burden)
- Consider chemoprevention, such as aspirin
- Regular updates of family history are important (diagnosis of colon or a Lynch-associated cancer** in one or more family members may change risk category)
- Advise that specific lifestyle changes may modify the risk for cancer

HIGH (STRONG) RISK

- More intensive and frequent colonoscopy and screening for other related cancers (often annually) beginning in the twenties or earlier
- Consider chemoprevention, such as aspirin for CRC risk and oral contraceptives for ovarian cancer risk
- Prophylactic surgery as an option for risk reduction
- Participation in clinical trials
- Examinations to detect other manifestations of the hereditary syndrome
- Cancer genetic counseling (if not already done)
- Advise that specific lifestyle changes may modify the risk for cancer

** The 2018 ACS guidelines for CRC screening now recommend that CRC screening start at age 45 for average risk individuals, while the USPSTF recommends starting at age 50.*

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

SAMPLE INCREASED-RISK COUNSELING SCRIPT[42]

"Because you are at increased risk for colorectal cancer [state the reasons], I recommend that you have a colonoscopy. A colonoscopy is an exam in which the doctor inserts a thin, flexible tube to look at the inside of the intestine. This procedure is usually painless and allows us to find and remove growths (polyps) in the colon. If you have a polyp, it can be removed right there during the time of the colonoscopy, and taking it out may help prevent cancer. The main risks are perforation (making a small hole), complications from anesthesia, or bleeding following removal of a polyp. These risks are very uncommon. If we do find cancer, then treating it early may help save your life."