

SUMMARY OF RECOMMENDATIONS FOR COLORECTAL CANCER SCREENING FOR INDIVIDUALS WITH A FAMILY HISTORY

The following table summarizes the Canadian Association of Gastroenterology's recommendations for colorectal cancer screening among individuals who have immediate family members diagnosed with the disease. If you have an immediate family member that has been diagnosed with colorectal cancer, talk to your doctor to discuss your risk and determine the most appropriate screening plan.

FDR = First-degree relative FDR, CRC = Colorectal cancer CRC, SDR = second degree relative

Highest Risk



Lowest Risk

	2 or more FDRs with CRC	1 FDR with CRC	1 or more FDR with advanced adenoma (polyp)	1 or more SDR with CRC	1 or more FDR with any non-advanced adenoma (polyp)
Preferred test	Colonoscopy	Colonoscopy	No recommendation for a preferred test	According to average-risk guidelines	According to average-risk guidelines
Secondary test options		FIT	Colonoscopy or FIT are both options.		
At what age should screening start:	40y or 10y younger than age of diagnosis of earliest diagnosed FDR, whichever is earlier. For example, Jim's brothers were diagnosed with CRC at age 45 and 37. Jim will need to start screening at age 27, 10 years before the youngest diagnosis.	40-50y or 10y younger than age of diagnosis of FDR, whichever is earlier	40-50y or 10y younger than age of diagnosis of earliest diagnosed FDR, whichever is earlier	50y	
How often should screening happen	Colonoscopy: 5y	Colonoscopy: 5-10y FIT: 1-2y	Colonoscopy: 5-10y FIT: 1-2y	According to average risk guidelines	