

Does one or more of your close relatives have colorectal cancer (CRC)? If so, you may have a higher risk of getting CRC than most people do. You may need to start screening for CRC sooner than most people. You may also need to have screening more often. This factsheet is about the screening you need. It also tells you if your screening results mean you need to consult a genetic counselor.

Colonoscopy for CRC Screening

Most people need to get colonoscopies every 10 years, starting at age 50. If you have a parent, child, brother, or sister who has CRC:

- Get your first colonoscopy at age 40.
 - If your relative had CRC before age 50 years, get your first colonoscopy 10 years earlier than the age when your relative was diagnosed.
- Every 5 years, get another colonoscopy.
 - Your doctor may suggest more frequent screenings if there are any large or concerning polyps.

What Happens in a Colonoscopy?

In a colonoscopy, a doctor looks for polyps inside your colon. Polyps are growths on the colon lining. They are not cancer, but they can become cancer if left in place. During the procedure, the doctor takes out any polyps found. The doctor sends the polyps to a lab. Specialists called pathologists look at them under a microscope to see the type of polyp.

The doctor may also find CRC during a colonoscopy. If that happens, the doctor will take a small sample, called a biopsy, and send it to the lab. The pathologist will find more information about the cancer.

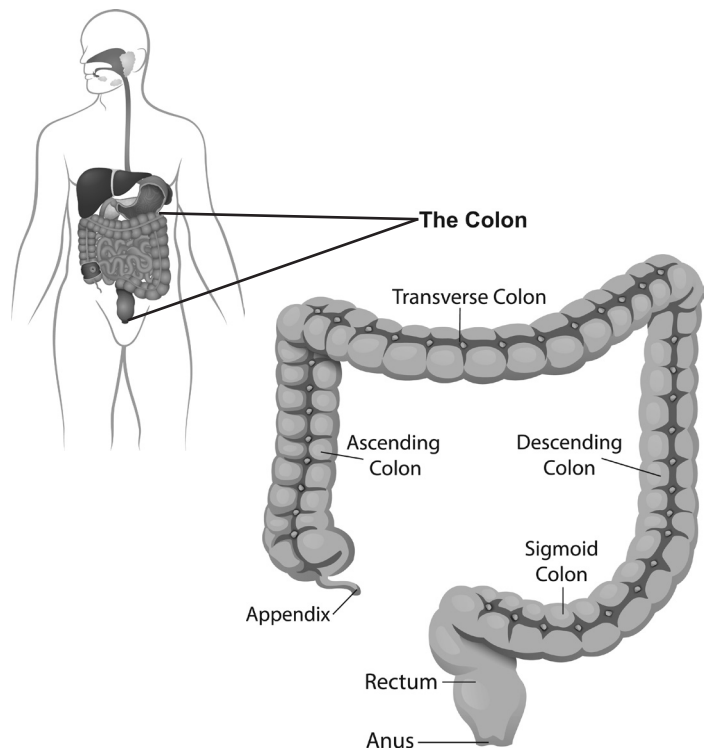
Your Colonoscopy and Pathology Reports

Your doctor will tell you about the colonoscopy results. Be sure to ask for copies of these documents:

- Colonoscopy report—tells about the number and size of polyps and where they were found
- Pathology report—tells about the types of polyps found

If there were no polyps, your report will say *normal*.

If there was cancer, your pathology report will give details about the type of cancer. Your doctor will talk with you about next steps. Sometimes the cancer is only within the polyp. If that happens, taking it out may be the only treatment you need. If the cancer has grown outside the polyp, your doctor will tell you if you need other treatment.



Location and areas of the colon. Your colonoscopy report will mention areas where polyps were found. The proximal colon includes the ascending colon and the transverse colon. The distal colon includes the descending colon and the sigmoid colon.

Do You Need to See a Genetic Counselor?

If you have CRC, *and* you are younger than 50 years old, it is important that you see a genetic counselor.

If you have CRC, *and* more than one of your close relatives also has CRC, it is important that you see a genetic counselor.

continued on page 2

Look at both reports and count up the numbers and types of polyps you had in different parts of the colon.

These results in your report are signs that you need to think about seeing a genetic counselor:

- Ten or more adenomatous polyps. They may be called *adenomatous polyp*, *tubular adenoma*, or *villous adenoma*.
- Ten or more *serrated* polyps in the proximal colon
- One or more of these rare types of polyps: *juvenile*, *hamartomatous*

If your results show any of these things, think about seeing a genetic counselor.

What Can Genetic Counseling Do for Me?

Genetic counseling can help you in these ways:

- Help find ways to reduce your cancer risk
- Suggest a cancer screening schedule
- Help you set up genetic testing if you need it
- Interpret results of genetic testing to find out if a high risk of cancer is passed down through your family

Do you have questions
about your risk for colorectal cancer?

Our genetic counselors can help find the
cancer screening plan you need.

Call Huntsman Cancer Institute's
Family Cancer Assessment Clinic
801-587-9555