You perform a screening colonoscopy on a 51-year-old male. He has a past medical history of hypertension and diabetes. He has a 20-year tobacco history. You identify and remove 11 polyps. Three are sessile serrated adenomas ranging in size from 2-6mm. The rest are tubular adenomas. Two range between 12-15mm. The other five range 3-8mm. What is the appropriate next step?

A. Perform a colonoscopy on his younger brother, aged 38
B. Refer him for genetic counseling
C. Perform a repeat colonoscopy in 3-6 months
D. Perform annual colonoscopy until age 75
E. Check FIT test in 1 year

Answer: B
Patients with >10 lifetime adenomas should be referred for genetic counseling. Other high-risk groups that should be referred for genetic testing include: colon cancer <age 50, multiple colon malignancies, multiple primary cancers, ≥ 2 hamartomatous polyps, colon cancer in >1 generation of a patient's family, family history of polyposis syndrome/hereditary GI cancer, clustering of extracolonic cancers in family members