

Question 23 – Week of July 21

A 42-year-old man presents to your office to discuss longstanding constipation (one bowel movement every third day) that has been present throughout his adult life. Upon review of his family history, the patient mentions that his father had colorectal adenomas diagnosed at age 57. A paternal cousin also died of colorectal cancer at age 54. No other relatives are known to have had colorectal polyps, colorectal cancer, or other forms of malignant disease. Based on currently endorsed CRC screening guidelines, which test(s) should be performed at the present time?

- A. Fecal occult blood test
- B. Flexible sigmoidoscopy
- C. Fecal occult blood test and flexible sigmoidoscopy
- D. Double-contrast barium enema
- E. Colonoscopy

Answer: E

Based on the available family history of a first-degree relative with an adenomatous polyp diagnosed before age 60 years, colonoscopy every 5 years is recommended, beginning at age 40 (or 10 years younger than the earliest diagnosis in the family, whichever comes first). The additional family history of a third-degree relative with colorectal cancer does not influence current guidelines. Additional information regarding screening tests and screening/surveillance intervals among patients with a family history of adenomatous polyps can be found in the review article by Winawer et al.

Reference:

1. Winawer S, Fletcher R, Rex D, et al. Colorectal cancer screening and surveillance: Clinical guidelines and rationale-Update based on new evidence. *Gastroenterology* 2003;124:544-60.