



Canadians with family history of colorectal cancer need to be screened earlier, more often

Canadian Association of Gastroenterology says having a first degree relative with colorectal cancer is a major personal risk with early screening recommended

TORONTO, Nov. 27, 2018 – The Canadian Association of Gastroenterology (CAG) has released a [new guideline](#) for colorectal cancer screening. The guideline suggests that under some, but not all, conditions people with immediate family members diagnosed with colorectal cancer should be screened earlier and more regularly than those without a family history of the disease. The guideline explains these conditions and provides practical examples.

Colorectal cancer is one of the most commonly diagnosed cancers in Canada.¹ It is the second leading cause of death from cancer in Canadian men and the third leading cause of death from cancer in Canadian women.¹

There is evidence that people with first degree relatives (parents, brothers, sisters or children) with colorectal cancer are at an increased risk. The CAG suggests that if you have a first degree relative diagnosed with colorectal cancer, then screening should be carried out with colonoscopy, or with an at-home fecal immunochemical (FIT) test as an alternative, starting between the ages of 40 and 50, or 10 years earlier than the age at which your relative was diagnosed (whichever is earlier). This is based on advice from a doctor.

For example, if your brother was diagnosed at the age of 45, you should start screening at age 35. If, however, your father was 70 at the time of diagnosis, you could start screening as late as age 50. Screening should then continue regularly based on the type of screening test first used.

If you have more than one first degree relative with colorectal cancer then screening should be more intense. People in this category should have colonoscopies starting at age 40, or 10 years younger than the age of your relative and continuing every five years. View the [full updated colorectal cancer screening guideline](#) to learn more.

Canadians are encouraged to speak with their doctor about the new guideline and those with a family history of colorectal cancer should speak with their doctor to discuss their risk and determine the most appropriate screening plan for them.

The national guidelines for Canadians without a family history of colorectal cancer suggest getting screened for this cancer starting at age 50, and then every two years, using the FIT test.

The updated guideline is the result of a literature review of 30,000 publications conducted with support from the [Canadian Partnership Against Cancer](#) (the Partnership). The goal of the review was to: define

individuals at high risk of developing colorectal cancer; the effect of family history on an individual's risk of developing colorectal cancer; what age screening should begin; which test should be performed; and how frequently screening should occur.

The CAG and the Partnership are working to increase rates of colorectal cancer screening in Canada through organized programs. The National Colorectal Cancer Screening Network brings together the CAG, the Public Health Agency of Cancer (PHAC), and provincial and territorial organized colorectal cancer screening program partners under the Partnership's leadership. Because of the work of these partners, since 2008, over 1.3 million more Canadians within the target age range have been screened for colorectal cancer.

Quotes

"This new screening guideline is a significant milestone for the early identification and treatment of colorectal cancer in Canada," said Dr. Nicola L. Jones, President of the CAG. "Given that half of all colorectal cancers are diagnosed after they have spread to other parts of the body, it's imperative that individuals who are at higher risk due to their genetics are screened earlier to treat colorectal cancer before it advances."

"This guideline is good news. It will help Canadians and health providers understand a person's risk for colorectal cancer and the type of screening that is best for them," said Erika Nicholson, Director, Screening and Early Detection at the Partnership. "The guideline is an important addition to the existing recommendations on colorectal cancer screening for average risk people from PHAC's Task Force on Preventive Health Care. They will help screening programs and physicians better support people in getting checked and hopefully finding the disease earlier, when chances of treatment and cure are greater."

The guideline was published online in *Gastroenterology* ahead of print. View the [abstract](#).

About the Canadian Association of Gastroenterology

The Canadian Association of Gastroenterology (CAG) represents more than 1,100 members across Canada, including physicians, basic scientists, and affiliated health care providers who work in the field of gastroenterology. The CAG is a member-focused organization with a mission to support and engage in the study of the organs of the digestive tract in health and disease, as well as to promote and advance gastroenterology by providing leadership in patient care, research, teaching and continuing professional development.

About the Canadian Partnership Against Cancer

As the steward of the [Canadian Strategy for Cancer Control](#) (the Strategy) the Partnership works to implement the Strategy to reduce the burden of cancer on Canadians. The partner network – cancer agencies, health system leaders and experts, and people affected by cancer – brings a wide variety of expertise to every aspect of our work. After 10 years of collaboration, we are accelerating work that improves the effectiveness and efficiency of the cancer control system, aligning shared priorities and mobilizing positive change across the cancer continuum. The Partnership continues to support the work of the collective cancer community in achieving our shared 30-year goals: a future in which fewer people get cancer, fewer die from cancer and those living with the disease have a better quality of life. The

Partnership was created by the federal government in 2006 to move the Strategy into action and receives ongoing funding from Health Canada to continue supporting partners from across Canada. Visit www.partnershipagainstcancer.ca.

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