GECKO
Genetics Education Canada: Knowledge Organization
Centre d'éducation en génétique canadien: Connaissances organisées
POINT OF CARE TOOL

Hereditary colorectal cancer (Lynch syndrome): Family history clinical decision support tool for risk assessment and management

Average risk screening for colorectal cancer (CRC) is recommended every 2 years from age 50-74 using the fecal immunochemical test (FIT). Average risk includes individuals with no first-degree relative who has been diagnosed with CRC.

Individuals with one or more first-degree relatives with CRC are at increased risk and should have colonoscopy between ages 40-50, or 10 years younger than the age the youngest CRC diagnosis in the family, whichever comes first. Frequency of colonoscopy screening will depend upon findings.

Individuals who meet one or more of the criteria below may be eligible for modified CRC screening, such as early or more frequent colonoscopy, genetic counselling and/or genetic testing.

Risk assessment:
Consider referral for a genetics assessment if your patient has a personal and/or family history of at least one of the following:

- ☐ A known Lynch Syndrome (likely) pathogenic gene variant in the family
- ☐ **At least three (3) relatives** with a cancer associated with Lynch syndrome (see Box).

Lynch Syndrome-related cancers

✧Colorectal ✧Endometrial ✧Kidney ✧Gastric ✧Ovarian ✧Ureter

✧Small Bowel ✧Hepato-biliary ✧Pancreatic ✧Brain

✧Sebaceous (adenoma or carcinoma)

The following criteria should **also** be present:

- ☐ One (1) must be a first degree relative of the other two
- ☐ At least two (2) successive generations must be affected
- ☐ At least one (1) relative with Lynch Syndrome-related cancer should be diagnosed before age 50

Resources

GECKO point of care tool for Lynch syndrome

Provincial colorectal cancer screening programs

Colorectal Cancer Resource and Action Network

National Comprehensive Cancer Network