

## **Family History of Colon Cancer**

### **Information for Patients**

Colon cancer is the 4<sup>th</sup> most common cancer in the UK. Around 1 in 15 men and 1 in 18 women develop colon cancer, most of them at an older age. Colon cancer is also known as bowel or colorectal cancer.

As colon cancer is common, many of us may have a family member who has developed colon cancer. Most of these will have occurred by chance. Only about 5% are likely to be due to an inherited predisposition.

### **Are the cancers in my family genetic?**

When we look at your family history, we look at the number of relatives who have had cancer, the age at which they had it and the type of cancer they have. Cancers occurring at older ages are less likely to be inherited and only certain types of cancer are genetically related to each other. Many cancers such as lung cancer and cervical cancer are usually due to environmental rather than genetic effects.

### **How is the family history assessed?**

We use National Guidelines to assess your genetic risk of cancer. The different categories used for assessment are average (similar to population risk), moderate, and high risk. We use these categories to determine if colonoscopy screening is appropriate and, if so, how often it should be. They also determine whether genetic testing would be appropriate.

It may be useful to confirm or extend your family history through the cancer registry or medical records. We may provide consent forms for living family members who have had cancer if confirmation of their diagnosis is needed.

### **Colonoscopy screening**

If your genetic risk is assessed as average (similar to population risk), you will not need colonoscopy screening but you should take part in the National Bowel Screening Programme.

If your genetic risk is assessed as moderate or above, you will be offered colonoscopy screening.

Colonoscopy is a screening test which aims to detect early changes in the lining of the bowel (polyps). The aim is to detect polyps or cancers early when they are more treatable. Any polyps found can often be easily removed during the procedure.

It is normal for an adult to develop 1 or 2 polyps as they get older. Polyps do not usually cause problems, but some polyps can develop into cancer if left. Removing them reduces the chance of a cancer forming.

For most people a colonoscopy is a straightforward procedure, but in rare cases there may be complications.

### **Will genetic testing be offered?**

Genetic tests are only useful in families who are more likely to have a known inherited form of bowel cancer. If genetic testing would be useful for your family, we will discuss this with you. Usually, the first step in the testing process is to test a family member who has developed a relevant cancer. If a gene change is identified this means we may be able to offer a blood test to other relatives to help clarify their risk.

If your family history is assessed in the moderate risk category, it is unlikely to be due to one of the inherited forms of colon cancer that we know about. It may be the cancers are due to combinations of genes and environmental factors. Unfortunately, we don't know very much about these other genes at the moment.

### **What can I do to reduce my risk?**

Over half of colon cancers in the UK could be prevented by changes to lifestyle. The following are some things you can do to reduce your risk of colon cancer.

- Eat a healthy diet: plenty of fibre (such as beans & oatmeal), fruit and vegetables. Avoid processed meat and reduce the amount of red meat, fat, and salt you eat.
- Regular exercise: try to do at least 2 ½ hours of moderate intensity physical activity a week. This could be walking, cycling, or swimming.
- Keep a healthy weight.
- Give up smoking: Smoking tobacco increases your risk of colon cancer. If you smoke, giving up is the single most important thing you can do for your health. Help is available if you want to give up smoking – ask your GP about local services.
- Limit how much you drink: men should aim to drink no more than two units of alcohol a day and women no more than one unit. A unit is a ½ pint of beer, lager, or cider or a single measure (25mls) of spirits.

### **What symptoms should I be aware of?**

When it is found early, colon cancer is more treatable. It is important to be aware of changes that could be a sign of colon cancer. You should seek advice from your GP if you have:

- Bleeding from your back passage
- An increasing amount of mucous in your stools
- A change in your bowel habit (diarrhoea or constipation) that lasts more than a month
- Unexpected weight loss
- Loss of appetite
- A feeling of not having emptied your bowel properly after going to the toilet
- A pain or lump in your tummy.

When seeking advice about symptoms, you should always mention your family history.

### **National NHS bowel screening programme**

Population screening is available for colon cancer from the age of 50 years to 74 years. It involves taking a simple test at home every 2 years. A kit is sent out for you to take a small sample of your stools. The test looks for hidden blood in your stools, as this could mean a higher chance of bowel cancer. If any blood is detected, you would be offered further screening to check for any problems.

People over 74 years can still take part in 2-yearly bowel screening but they will need to self-refer for a new test kit each time.

### **What if my family history changes?**

If there are any changes in your family history, please do not hesitate to contact us again (telephone number at the top of the first page), as this may affect your risk and eligibility for screening or testing.

### **Is the information provided relevant for my relatives?**

We will discuss with you if any of your relatives would benefit from extra screening. If you remain healthy and cancer-free it is unlikely that your children's risk of cancer will be increased.

**\*To accompany this information sheet, you will be given a personal risk assessment sheet or letter.**