R

Restricted criteria

Appropriate colonoscopy in the management of hereditary colorectal cancer

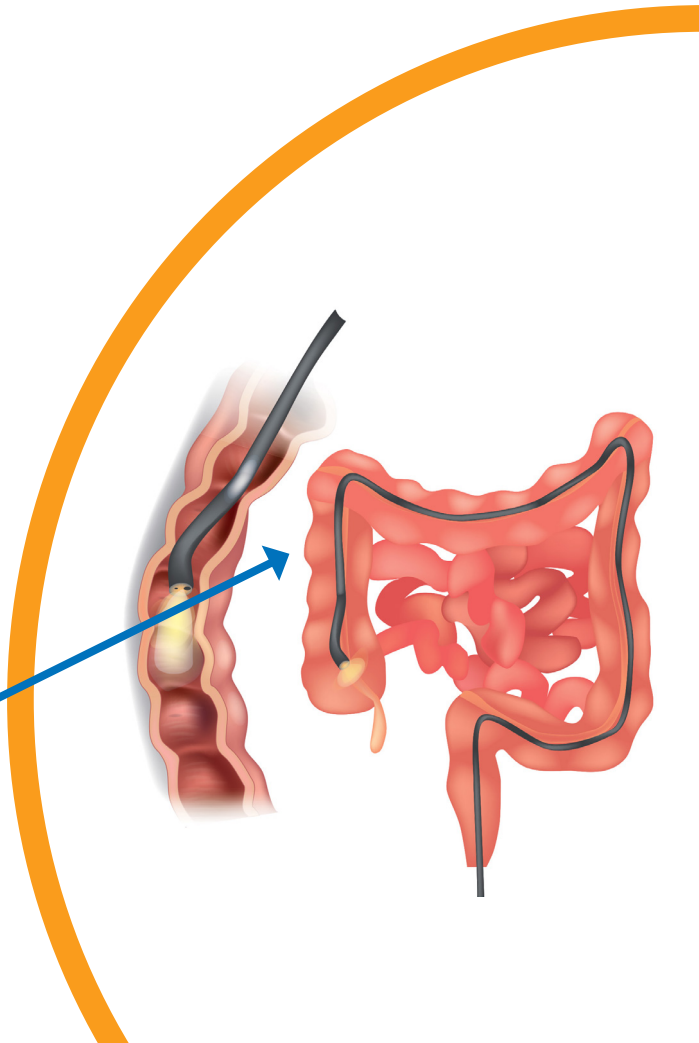
What is hereditary colorectal cancer?

Hereditary colorectal cancer involves a cancer gene being passed from parent to child. Colorectal carcinoma (CRC) is a cancer, or malignant tumour (cancerous lump), of the large intestine, which may affect the colon or rectum. CRC is one of the most common cancers in the UK with more than 40,000 new cases diagnosed each year. An estimated 35% of CRC is due to hereditary factors.

What is a colonoscopy?

A colonoscopy looks at the whole of the inside of the large bowel. A clinician (endoscopist) uses a flexible tube called a colonoscope with a small light and camera at one end. The endoscopist puts the tube into the back passage and passes it along the bowel. The endoscopist can see pictures of the inside of the bowel on a TV monitor to identify any abnormalities which may be cancerous.

While a colonoscopy is a safe procedure, there is a small risk of complications, including: pain, intestinal perforation (a hole or break in the intestine) or major haemorrhage (bleeding), as well as issues related to any sedative used during the procedure. Colonoscopy should therefore be used appropriately in the management of CRC in people who have been identified with an increased lifetime risk of CRC due to hereditary factors.



Colonoscopy

Patient eligibility criteria

Family history of CRC

Individuals with moderate familial CRC risk will be offered:

- A one-off colonoscopy at the age of 55 years.

subsequent colonoscopic surveillance should be performed as determined by post polypectomy (the procedure to remove small growths called polyps) surveillance guidelines.

Individuals with what is clinically determined as high familial CRC risk will be offered:

- a colonoscopy every 5 years at the age of 40 to 75 years.

Lynch Syndrome (an inherited condition that can increase the risk of developing colorectal cancer) and Lynch-like Syndrome

Depending on the variants of this syndrome, individuals will be offered:

- colonoscopic surveillance every 2 years at the age of 25 to 75 years, or
- every 2 years at the age of 35 to 75 years.

For individuals with Lynch-like Syndrome, individuals will be offered:

- colonoscopic surveillance every 2 years at the age of 25 to 75 years.

Early Onset CRC (EOCRC)

Individuals diagnosed with CRC under 50 years of age, where hereditary CRC symptoms have been excluded, will be offered:

- standard post-CRC colonoscopy surveillance after 3 years, then continued colonoscopic surveillance every 5 years until eligible for national screening.

Serrated Polyposis Syndrome (SPS) (a rare condition characterised by serrated polyps in the colon and/or rectum).

Individuals with SPS will be offered:

- colonoscopic surveillance every year from diagnosis once the colon has been cleared of all lesions 5mm or larger in size.
- if no polyps 10mm or larger in size are identified at subsequent surveillance examinations, the interval can be extended to every 2 years.

First degree relatives (parents, children and siblings) of patients with SPS, will be offered:

- an index colonoscopic screening examination (a first test to compare with follow-ups) at age 40, or 10 years prior to the diagnosis of the index case (the age of the first person in the family to have a recorded case of the disease).
- a surveillance colonoscopy every 5 years until age 75 years, unless polyp burden (the number of polyps the patient has/or has had) indicates an examination is required earlier according to post-polypectomy surveillance guidelines.

Multiple Colorectal Adenoma (MCRA) (characterised by 10 or more metachronous adenomas - small tubular lesions):

Individuals with MCRA will be offered:

- annual colonoscopic surveillance from diagnosis to age 75 years after the colon has been cleared of all lesions 5mm or greater in size.
- if no polyps 10mm or greater in size are identified at subsequent surveillance examinations, the interval can be extended to every 2 years.

Familial Adenomatous Polyposis (FAP) (a rare inherited cancer characterised by hundreds/thousands of pre-cancerous colorectal polyps).

Individuals who have received confirmation that they have FAP on predictive genetic testing (a test to predict the future risk of disease for individuals without symptoms) will be offered:

- colonoscopic surveillance from the age of 12-14 years.
- then offered surveillance colonoscopy every 1-3 years, depending on their genetic and medical history.

Individuals who have a first degree relative with a clinical diagnosis of FAP (i.e."at risk") and in whom an APC (Adenomatous Polyposis Coli) gene mutation has not been identified (mutations in the APC gene may result in colorectal cancer) will be offered:

- colorectal surveillance from 12-14 years of age.
- then offered every 5 years until either a clinical diagnosis is made and they are managed as FAP or the national screening age is reached.

MUTYH-associated Polyposis (MAP) (this is a gene mutation which can make it more likely that cancer of the colon will develop).

Individuals with MAP will be offered:

- colorectal surveillance from 18-20 years of age, and if surgery is not undertaken, repeated annually.

For individuals who are monoallelic MUTYH pathogenic variant carriers (when only one of the two copies of a gene is active, while the other is silent):

- the risk of colorectal cancer is not sufficiently different to that of the general population to meet the requirements for screening and so more regular colonoscopy is not recommended.

Peutz-Jeghers Syndrome (PJS) (rare inherited disease characterised by a rare type of polyp)

Individuals with PSJ who do not show symptoms will be offered:

- colorectal surveillance from 8 years of age.
- but if the baseline colonoscopy is normal, this will be deferred until 18 years of age. However, if polyps are found at baseline examination, a colonoscopy will be repeated every 3 years.

For patients with symptoms, investigations will begin at an earlier age.

Juvenile Polyposis Syndrome (JPS) (hereditary condition characterised by digestive tract polyps)

Patients with JPS who do not show symptoms will be offered:

- colorectal surveillance from 15 years of age.
- then offered a surveillance colonoscopy every 1-3 years, based on their genetic and medical history.

For patients presenting symptoms, investigations will begin at an earlier age.

For some patients with multiple risk factors for CRC, for example those with Lynch Syndrome and inflammatory bowel disease/multiple polyps, more frequent colonoscopy procedures may be required, guided by clinicians taking into account risk factors in the patient's care.

A colonoscopy for hereditary colorectal cancer is a **restricted** procedure. This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will **only** fund the treatment if the patient meets the eligibility criteria below **or** if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this request.

This guidance applies to adults aged 19 years and over.

Advice and further guidance

For more information and advice, search 'bowel cancer' at **www.nhs.uk** or visit **www.bsg.org.uk/clinical-resource/guidelines-for-the-management-of-hereditary-colorectal-cancer-from-the-bsg-acpgbi-ukcgg/**