

Introduction

- First-degree relatives of patients found to have colorectal cancer (CRC) or advanced adenomas (AA) are advised to undergo colonoscopy starting at:
 - Age 40
 - 10 years prior to time of colorectal cancer diagnosis in their first-degree relative
 - At age of onset of advanced adenoma in their first-degree relative
 - Whichever comes first
- Current guidelines recommend written communication to patients with CRC or AAs advising screening in first-degree relatives, which is particularly important in light of increased rates of early-onset colorectal cancer.
- We aimed to analyze the rate at which we provided guidance to patients found to have colorectal cancer or advanced adenomas on advising their first-degree relatives on timing for colonoscopy.

Methods and Materials

- We analyzed patients at our institution who underwent outpatient colonoscopies from November 29, 2021 to April 30, 2022.
- AAs were defined as adenomas ≥ 1 centimeter (cm) in size, with tubulovillous, villous, high-grade dysplasia or traditional serrated features on histology, or sessile serrated lesions (SSLs) either ≥ 1 cm or with dysplasia.
- Patients with prior history of CRC or AA were excluded.
- We assessed how often appropriate screening recommendations were provided to patients with CRC or AAs for first degree relatives based on documentation within 3 months of colonoscopy.

Results

- A total of 1332 colonoscopies were reviewed, with 47 patients meeting criteria for a new diagnosis of CRC or AA.
- Of these patients, 53.2% were African American and 57.4% were females (Table 1).
- The mean patient age was 56.9 years (± 10.6 years).
- Of these 47 patients, 3 patients (6.4%) were provided with specific written screening recommendations for first degree relatives within 3 months of colonoscopy.

| Descriptor | Number of patients (%) |
|-----------------------------------|---------------------------|
| Known Family History of CRC or AA | 6 (12.8%) |
| Gender | |
| Male | 20 (42.5%) |
| Female | 27 (57.4%) |
| Ethnicity | |
| White | 14 (29.8%) |
| African American | 25 (53.2%) |
| Asian | 3 (6.4%) |
| Hispanic | 2 (4.3%) |
| Other | 3 (6.4%) |
| Age (mean) | 56.9 years (± 10.6) |

Table 1. Demographic information of patients found to have new colorectal cancer or advanced adenoma on colonoscopy.

Discussion

- In this retrospective analysis of patients found to have colorectal cancer or advanced adenomas on colonoscopy, only 6.4% were provided written guidance to advise first-degree relatives on appropriate timing for colonoscopy within three months after colonoscopy.
- While verbal recommendations to patients may occur, patients may not recall specifics post-procedure or via telephone.
- Furthermore, guidelines call for recommendations for family members to be included in endoscopy reports, or through a letter meant to be shared with first-degree relatives.
- Considering these findings, we aim to provide an educational intervention and templates for post-colonoscopy pathology letters and/or clinic visits to facilitate communication to patients with colorectal cancer or advanced adenomas on appropriately advising colorectal cancer screening in family members.