

Family History of Colorectal Cancer: A Predictor of Clinicians' Preventive Recommendations and Patient Behavior

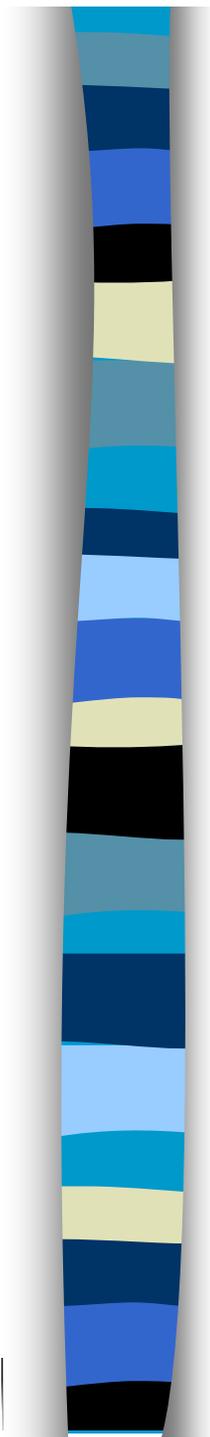
Results from the 2008 BRFSS

Oregon Public Health Genetics Program:

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Overview

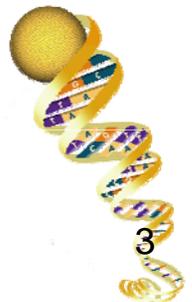
- Goals of Oregon Cancer Genomics Surveillance Program
- Context: Why Family History?
- Objectives
- Methods
- Results: Weighted % & Adjusted Odds Ratios
- Conclusions





Surveillance Project Objectives

- Evaluate how familial risk of colorectal, breast & ovarian cancer influences Oregon healthcare practice & Oregonians' behavior
- Evaluate Oregonians' awareness, knowledge, & use of BRCA 1 & 2 testing
- Evaluate Oregon healthcare providers' knowledge, attitudes, & use of genetic tests for colorectal, breast, & ovarian cancer
- Evaluate disparities in Oregonians' access to genetic testing & genetic counseling for colorectal, breast, & ovarian cancer



Why Family History?





Context

- 50%-75% of CRC can be prevented
 - Screening can reduce deaths through early diagnosis & removal of pre-cancerous polyps
- 20%-25% of CRC clusters in families
- Because familial CRC often occurs at a younger age, some people with a family history should be screened differently than the general population:
 - Earlier
 - More frequently
 - Specific screening test (colonoscopy vs. FOBT or sigmoidoscopy)





Objectives

- This study examines associations between family history of CRC &
 - clinician recommendations
 - perceived risk of developing CRC
 - preventive and screening behaviors
 - colorectal cancer risk factors



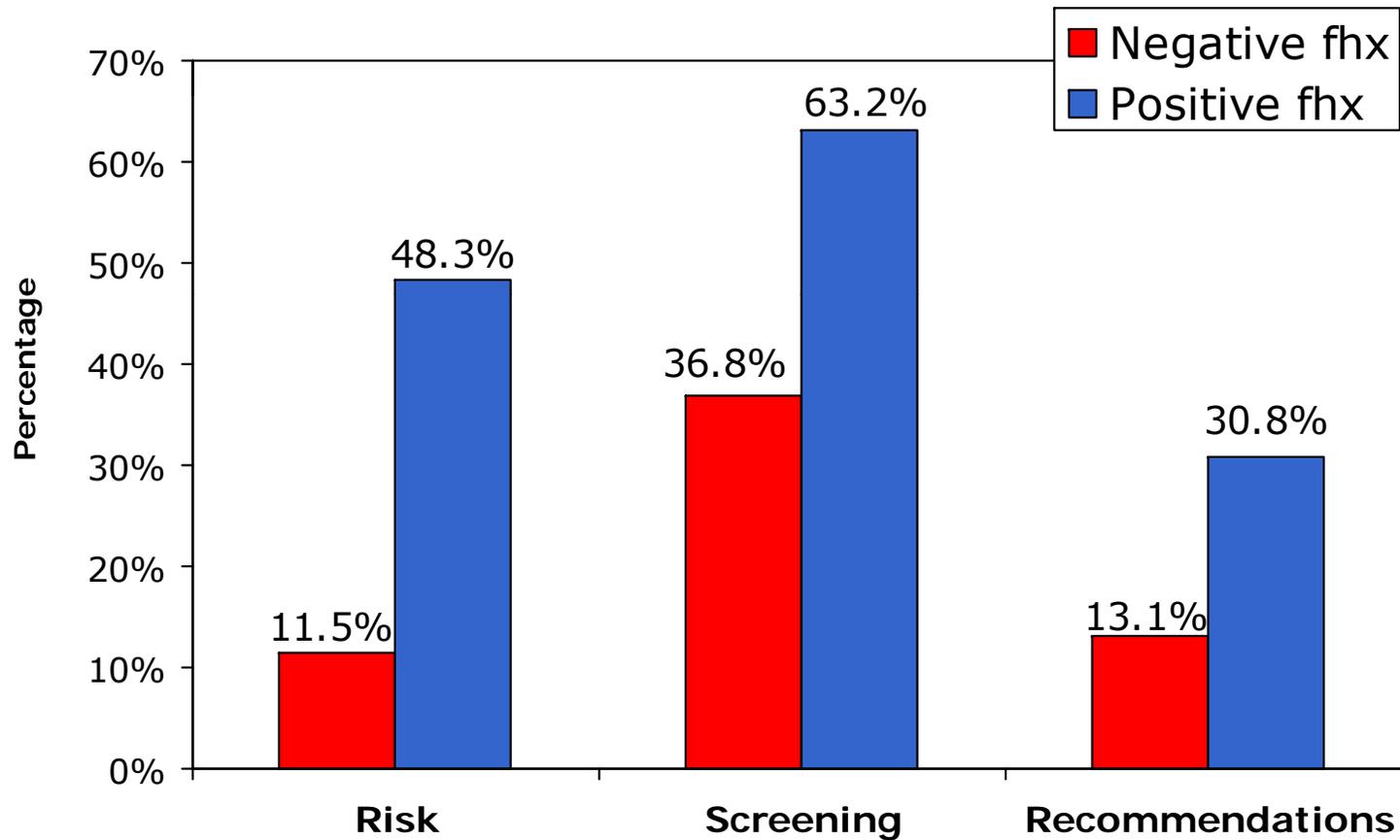


Methods of the BRFSS

- Design: telephone survey of health conditions and risk behaviors
- Population: randomly selected non-institutionalized Oregonians ≥ 18 years of age
- 2008 BRFSS: 56% response rate
- Final sample: N = 1795
 - Without colorectal cancer
- Family history: 1st degree relative with CRC
 - 160 respondents or 7.6% with fhx of CRC

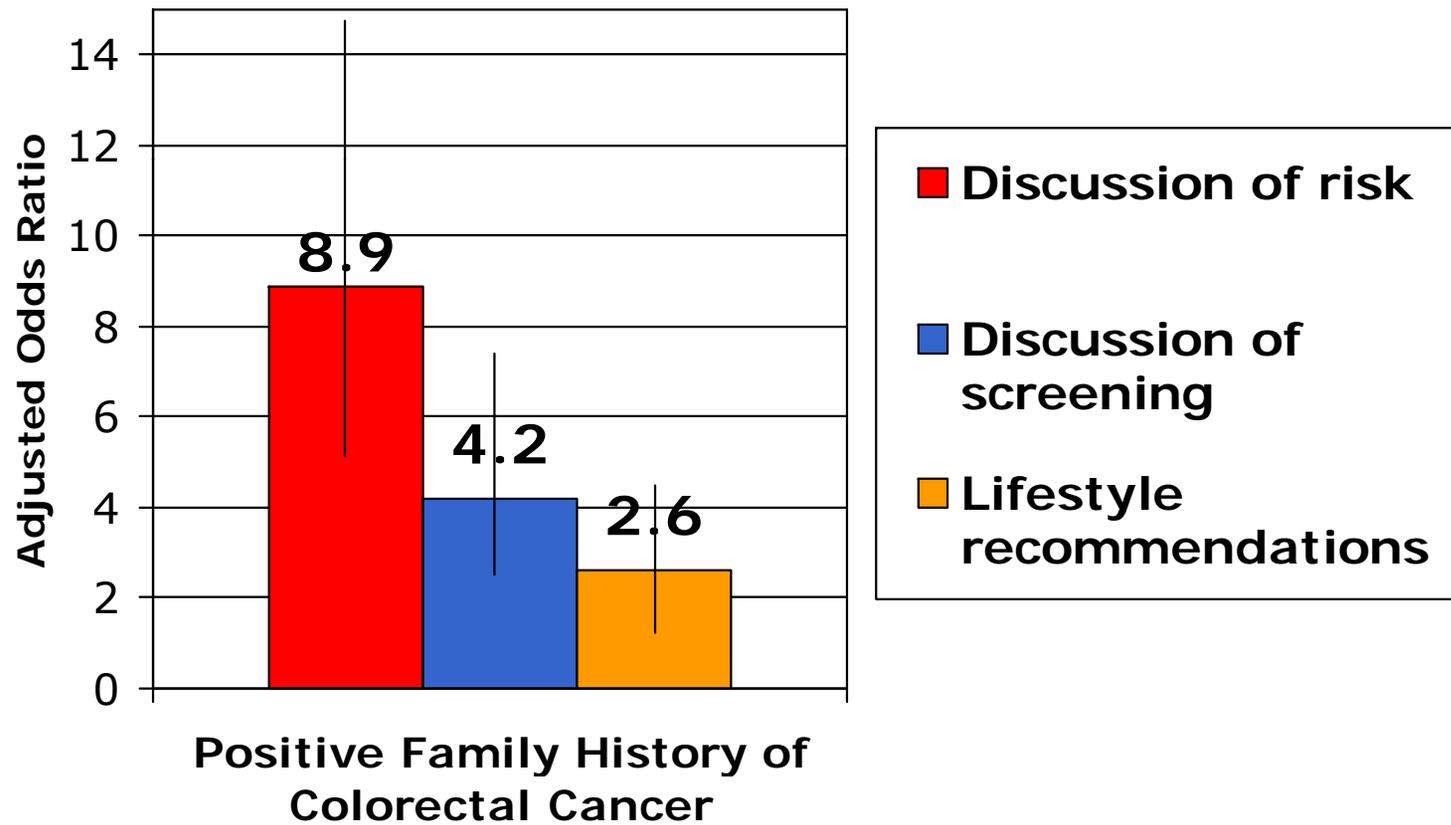


Healthcare Provider Behavior: Discussion and Recommendations

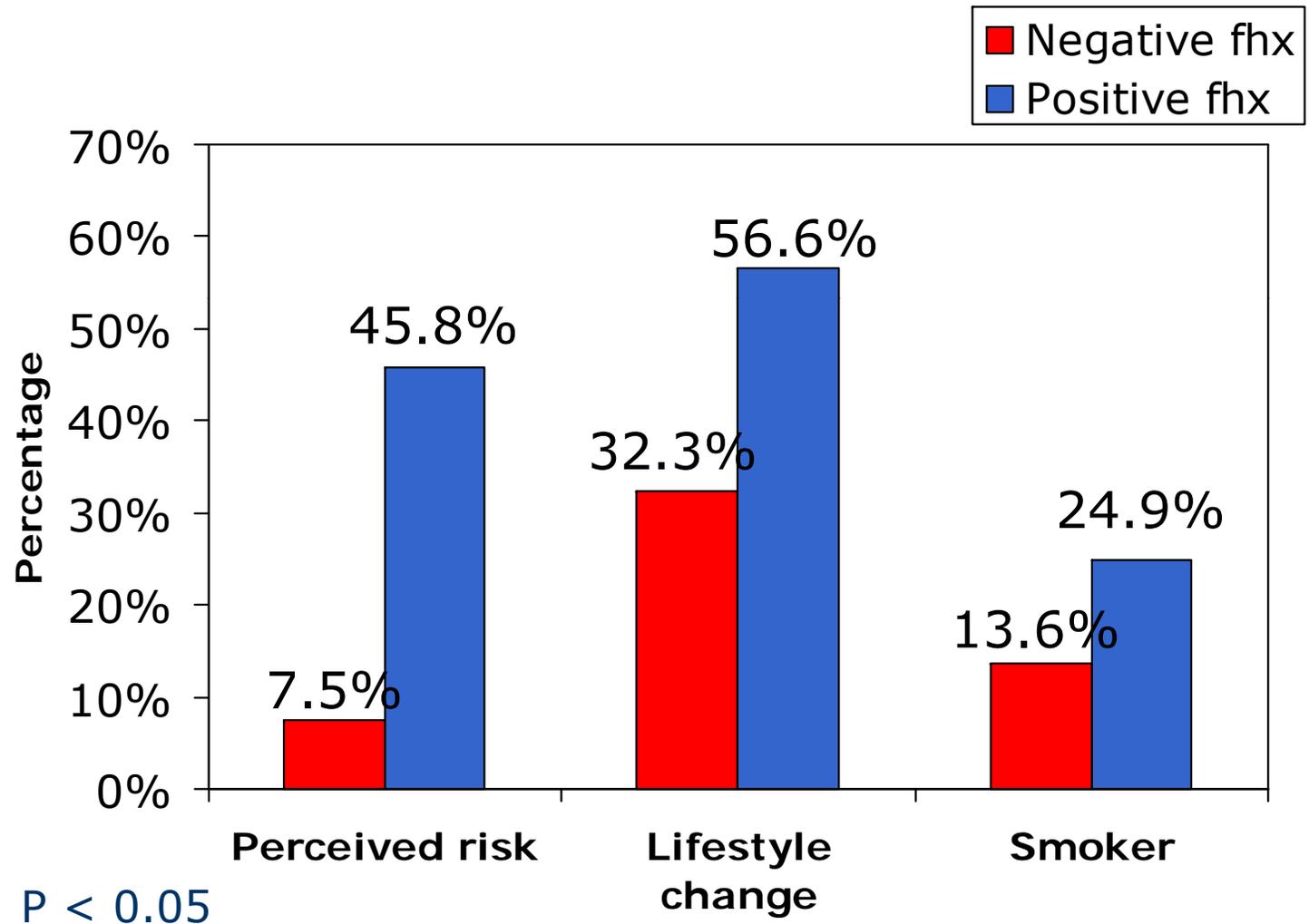


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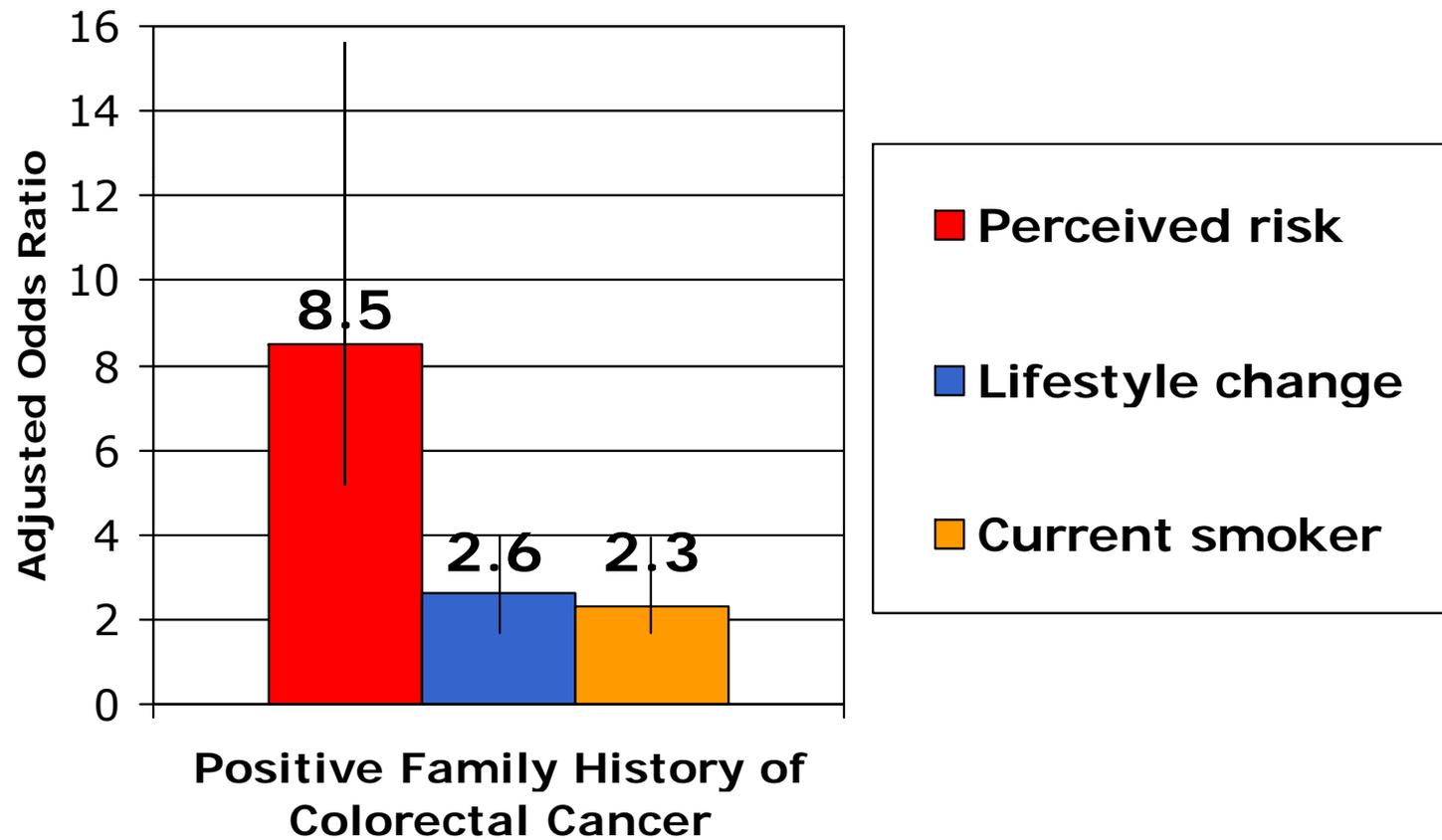
Healthcare Provider Behavior: Discussion and Recommendations



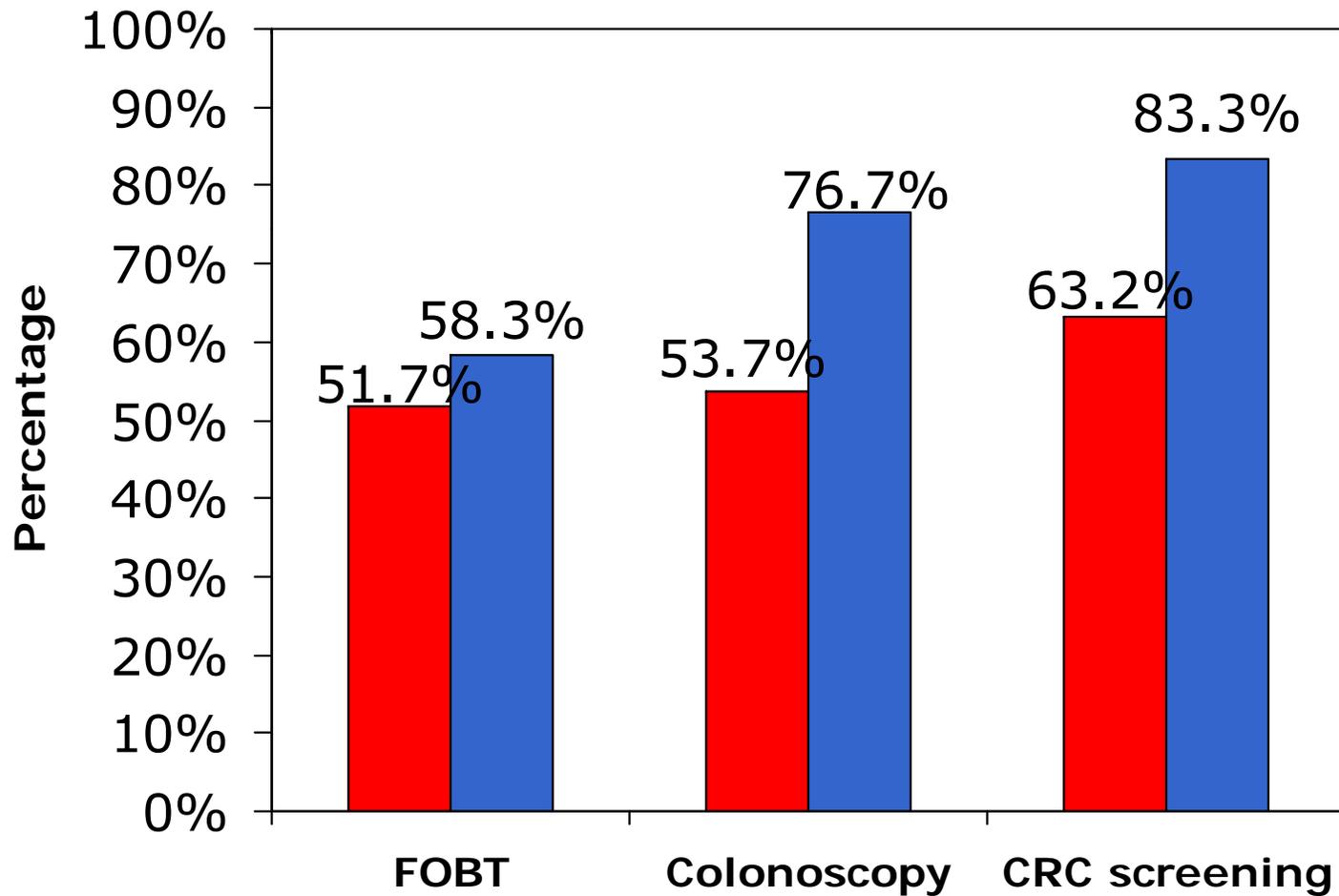
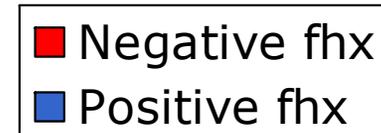
Oregonians' Perceived Risk & Lifestyle Changes



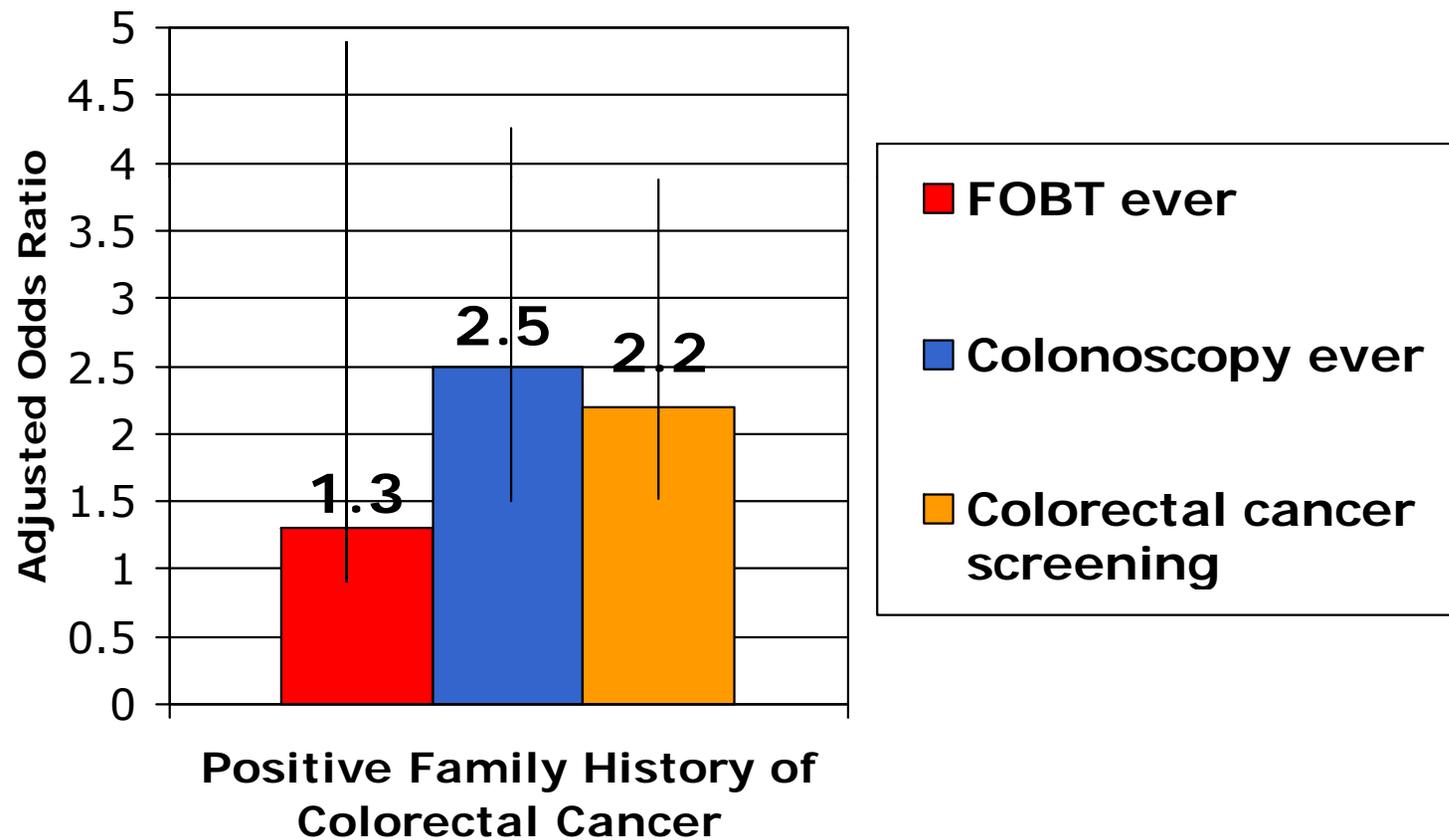
Perceived Risk & Lifestyle Changes



Colorectal Cancer Screening (≥ 50 years)



Colorectal Cancer Screening (≥ 50 years)

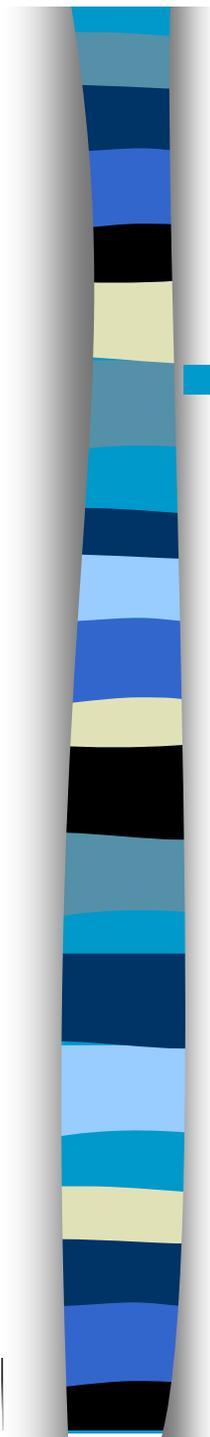




Take home messages

- Family History is associated with clinician behavior
 - Need better tools for clinicians
- Family History is associated with:
 - perceived risk
 - lifestyle change
 - smoking
 - education level
- People \geq age 50 with a fhx were **2x** more likely to have colorectal cancer screening.





Take home messages (cont)

- Awareness of family history of CRC can mitigate risk for developing CRC
 - **Patient-mediated effects:** motivate individuals at risk to adopt behaviors or seek screening that may help prevent the disease or diagnose it at an early stage when it is most curable.
 - **Clinician-mediated effects:** motivate clinicians
 - to counsel patients with a positive CRC family history about their risk for the disease
 - encourage strategies to decrease that risk
 - such as, appropriate screening & lifestyle changes





Program Implications

- Continue surveillance to assess if CRC screening guidelines are met for people at high familial risk.
- Provider education
 - ID high risk individuals
 - Screening
 - Treating
 - Referring





Acknowledgements

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CRC Screening Guidelines Pertaining to Family History

- **USPSTF:** Higher risk people (e.g., those with a first-degree relative with colorectal cancer < 60 years), initiating screening at an earlier age is reasonable.
- **ACS, US Multisociety Task Force on CRC, and the American College of Radiology:**
 - CRC or adenomatous polyps in first degree relative < 60 years or in 2 or more first degree relatives at any age beginning at 40 years, or 10 years younger than the youngest diagnosis in the family, whichever comes first, colonoscopy every 5 years.
 - CRC or adenomatous polyps in a first degree relative \geq age 60 years or in 2 second-degree relatives with colorectal cancer beginning at 40 years.
- **NCCN:** different screening frequencies and beginning ages based on age & # of relatives. Colonoscopy is preferred.





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