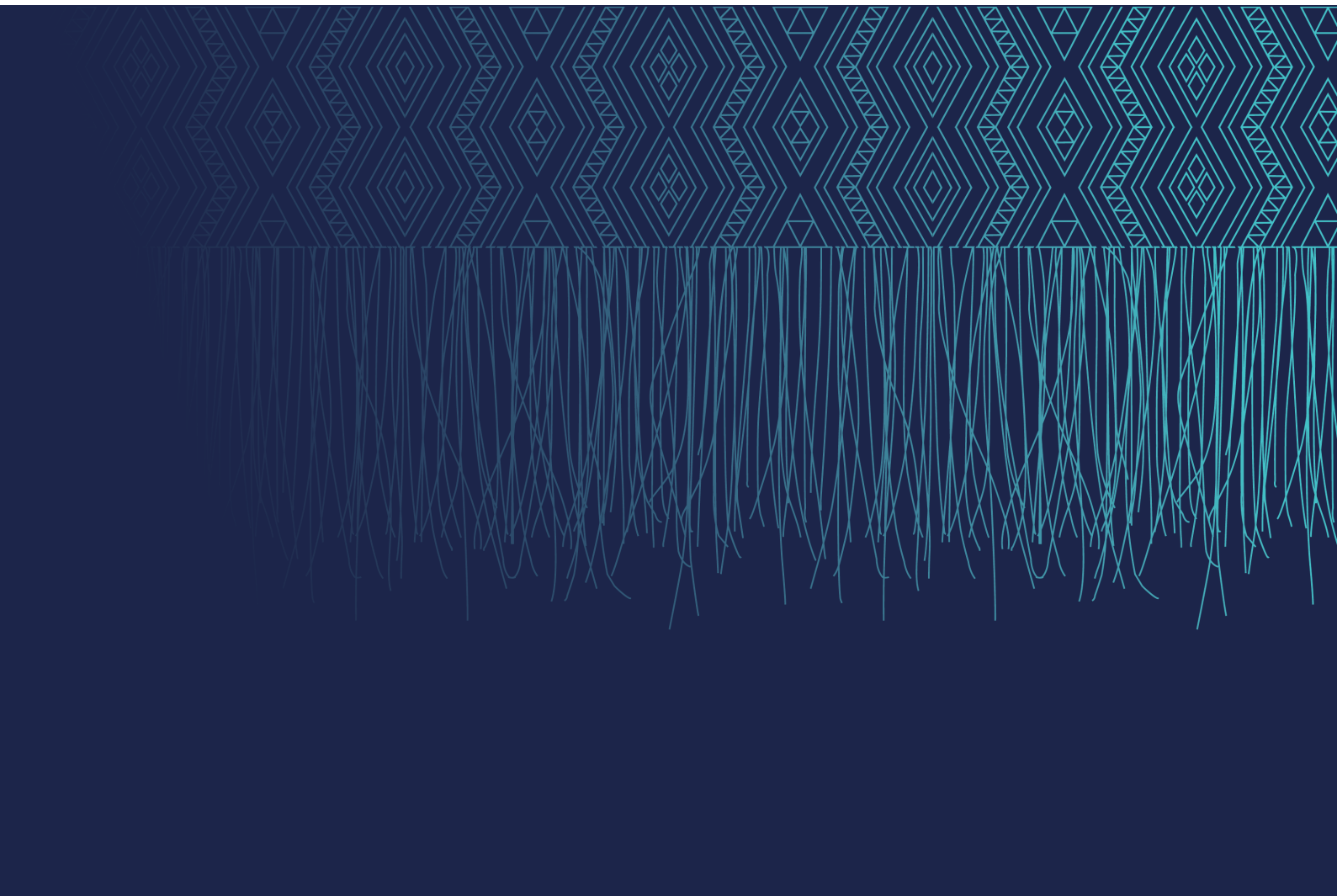
Te Whatu Ora
Health New Zealand

Update on Surveillance Recommendations for Individuals with a Family/Whānau History of Colorectal Cancer

July 2023



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Background

In 2012, the New Zealand Guidelines Group published an evidence-based best practice guideline outlining surveillance and management of groups at increased risk of colorectal cancer (CRC) due to their personal history and family/whānau history.[1]

Specifically, the 2012 guidelines contained recommendations for the following groups:

- **Surveillance recommendations: Personal history of colorectal diseases**
  - Personal history: Colorectal adenomas
  - Personal history: Inflammatory bowel disease
- **Surveillance recommendations: Family/Whānau history of colorectal cancer**
  - Category 1: Slightly above-average risk
  - Category 2: Moderately increased risk
  - Category 3: Potentially high risk

Purpose

The purpose of this document is to update the 2012 NZ Guidelines Group surveillance recommendations for the second broad group: **individuals with a family/whānau history of colorectal cancer**. This update brings the guidelines into line with recent international guidance and with the change in New Zealand now that we have completed the rollout of the National Bowel Screening Programme (NBSP) and initiated the lowering of the age of eligibility for Māori and Pacific people from 60 to 50 years. This document is intended for patients currently on ongoing colonoscopy surveillance as well as those who will have surveillance in the future.

It is noted that although these recommendations are comprehensive, there will be some clinical scenarios that are not explicitly outlined and should therefore be managed by clinicians using the underlying principles outlined in this document.

This update is designed to dovetail with the *Update on Polyp Surveillance Guidelines 2020*, published by Te Aho o Te Kahu, the Cancer Control Agency in partnership with the Ministry of Health.[2]

Surveillance recommendations for those with personal history of colorectal cancer and inflammatory bowel disease are outside the scope of this update.

[1] New Zealand Guidelines Group. 2012. *Guidance on Surveillance for People at Increased Risk of Colorectal Cancer*. Wellington: New Zealand Guidelines Group.

[2] Te Aho o Te Kahu. 2020. *Update on Polyp Surveillance Guidelines 2020*. Wellington: Te Aho o Te Kahu in partnership with the Ministry of Health. URL: **www.health.govt.nz/publication/update-polyp-surveillance-guidelines-2020** (accessed 10 May 2022).

Committee

The committee that developed this document worked under the National Bowel Cancer Working Group, which is co-hosted by the National Screening Unit, Te Whatu Ora andTe Aho o Te Kahu, the Cancer Control Agency.

The committee members are:

- Ian Bissett, colorectal surgeon (Chair)
- Susan Parry, gastroenterologist
- Rowan French, general surgeon
- Sze-Lin Peng, colorectal surgeon
- Zoe Raos, gastroenterologist
- Teresa Chalmers-Watson, gastroenterologist.

Category 1: Individuals with a slightly above-average risk of CRC

Individuals in this category have one first-degree relative diagnosed with colorectal cancer at or over the age of 55 years.

Recommendations

- Strongly advise these individuals to participate in the NBSP when they become eligible.
- Individuals should make healthy lifestyle choices[3] and report any bowel symptoms to their health care provider.
- **Previously, there were no specific surveillance recommendations for this group.**

[3] HealthEd. 2021. *Healthy Eating, Active Living*. Wellington: Ministry of Health and Te Hiringa Hauora, Health Promotion Agency. URL: **www.healthed.govt.nz/resource/healthy-eating-active-living** (accessed 10 May 2022).

Category 2: Individuals with a moderately increased risk of CRC

Individuals in this category have:

- one first-degree relative diagnosed with CRC under the age of 55 years, or
- two first-degree relatives on the same side of the family/whānau diagnosed with CRC at any age (without any of the potential high-risk features in Category 3).

Recommendations

- Individuals have a colonoscopy every five years from age 50, or from an age 10 years before the earliest age at which colorectal cancer was diagnosed in the family/whānau, whichever comes first.
- Provided they have had a high-quality colonoscopy within the previous five years, individuals then participate in the NBSP from the age of 60 years.
- If aged over 60 years and the previous surveillance colonoscopy documented polyps that require further colonoscopy surveillance, continue with this surveillance in line with the *Update on Polyp Surveillance Guidelines 2020*.[4] When colonoscopy surveillance is no longer indicated, return these individuals to the NBSP.
- Individuals should make healthy lifestyle choices[5] and report any bowel symptoms to their health care provider.
- All the above recommendations apply to Māori and Pacific people in this category, even though the age of eligibility for participating in the NBSP has been lowered from 60 to 50 years for Māori and Pacific (i.e. Māori and Pacific continue their colonoscopic surveillance until 60 years rather joining NBSP at 50 years).

[4] Te Aho o Te Kahu. 2020. *Update on Polyp Surveillance Guidelines 2020*. Wellington: Te Aho o Te Kahu in partnership with the Ministry of Health. URL: **www.health.govt.nz/publication/update-polyp-surveillance-guidelines-2020** (accessed 10 May 2022).

[5] HealthEd. 2021. *Healthy Eating, Active Living*. Wellington: Ministry of Health and Te Hiringa Hauora, Health Promotion Agency. URL: **www.healthed.govt.nz/resource/healthy-eating-active-living** (accessed 10 May 2022).

Category 3: Individuals with a potentially high risk of CRC

Individuals in this category have **one** or **more** of the following:

- a family/whānau history of familial adenomatous polyposis (FAP), Lynch syndrome or other familial CRC syndromes
- one first-degree relative plus two or more first- or second-degree relatives all on the same side of the family/whānau with a diagnosis of CRC at any age
- two first-degree relatives, or one first-degree relative plus one or more second-degree relatives, all on the same side of the family/whānau with a diagnosis of CRC, and one such relative:
    - was diagnosed with CRC when aged 54 years or under, or
    - developed two or more bowel cancers, or
    - developed an extracolonic tumour suggestive of Lynch syndrome (ie, endometrial, ovarian, stomach, small bowel, renal pelvis, pancreas or brain)
- a first-degree relative with CRC diagnosed under the age of 50, where colorectal tumour immunohistochemistry has revealed loss of protein expression for one of the mismatch repair genes (ie, MLH1, MSH2, MSH6 or PMS2) and further testing (BRAF or methylation) raises the possibility of Lynch syndrome
- at least one first- or second-degree family/whānau member diagnosed with CRC in association with multiple bowel polyps (10 or more adenomas at one time or 5 or more advanced adenomas at one time, or 20 cumulative adenomas, 10 cumulative adenomas if the patient is aged 30 years or younger) or a polyposis syndrome
- a first-degree relative with multiple colonic polyps (10 or more adenomas at one time or 5 or more advanced adenomas at one time, or 20 cumulative adenomas, or 10 cumulative adenomas if the relative is aged 30 years or younger).

Recommendations

- Refer individuals either to the New Zealand Familial GI Cancer Service (NZFGCS) or to a genetic service for an accurate risk assessment.

- Follow the colonoscopy surveillance plan advised by the NZFGCS, genetic service or bowel cancer specialist.
- Individuals should make healthy lifestyle choices[6] and report any bowel symptoms to their health care provider.

[6] HealthEd. 2021. *Healthy Eating, Active Living*. Wellington: Ministry of Health and Te Hiringa Hauora, Health Promotion Agency. URL: **www.healthed.govt.nz/resource/healthy-eating-active-living** (accessed 10 May 2022).