

Familial risk and diagnosis of colorectal cancer in young individuals.

Pavel Elsakov.

State Research Institute. Innovative Medicine Center. Vilnius, Lithuania.

Summary

The age standardized (world) incidence (per 100000) of large bowel cancer in Lithuania is increasing: in period 1993-1997 years was 25,6 for male and 16,8 for female; in period 1998-2002 years was 30,4 and 19,1 was respectively. Meanwhile the age standardized (world) cancer mortality remains without changes: in same period was 18,0 for male and 11,5 for female; 18,6 and 10,6 respectively. These epidemiological aspects are basically for start CRC screening in national population. The age for population screening recommended by EC is 50-74 year and the optimal participation rate to get better survival of CRC patients is 45%-60% of population. Numerous studies have shown the risk of getting CRC is higher if present a first-degree family member who had the disease and shows that your chances of surviving the disease may be influenced in part by your family ties, too. It hypothesized that patients with a family history of CRC might be more likely to get screened for the disease, finding tumor earlier, and those more likely to have a better prognosis. In addition to collecting family tree information help for recognition of hereditary cancer syndrome as HNPCC, Peutz-Jeghers Polyposis, FAP. The familial risk for CRC and effective cancer prevention become more important in individual at age before 50-55 years. The study in Lithuania was aimed to prove more knowledge on familial CRC risk and the surveillance of family members at risk for large bowel malignancy. This study indicates that a positive family history of CRC can be recognized as prognostic factor for individuals aged 25-39 years. Results shows that a positive family history was not clear indicator of early stage diagnosis in the groups studied compared to the population.