• **Colon Cancer**
  - Annual sigmoidoscopy or colonoscopy polypectomy if polyp number is low
  - Baseline at 10-12y, and every 1-2 years
  - Annual colonoscopy once polyps have been detected
  - Consider NSAID chemoprevention to reduce polyp burden
  - Colectomy once adenomatous polyps are present
    - Usually considered once >20-30 adenomas are present or advanced histology is present
    - Decision about timing and type of colectomy should include consideration of number and severity of polyps, age, personal preferences, and prediction of polyposis severity based on specific mutation and family history
  - Options include:
    - Total colectomy with ileorectal anastomosis
      - Screening after colonoscopy of rectum every 6-9 months
    - Total proctocolectomy with ileal pouch anal anastomosis
      - Screening after colonoscopy of ileal pouch every 1-2 years
    - Total proctocolectomy with end ileostomy

• **Upper Gastrointestinal Tract Polyps and Cancer**
  - For Gastric and Duodenal Cancers
  - Esophagogastroduodenoscopy
    - Beginning by age 25 or before colectomy, and every 1-3 years
  - Consider additional small bowel imaging depending on symptoms and severity of duodenal adenomas
    - Small bowel enteroclysis or abdominal and pelvic CT

• **Extraintestinal Cancers**
  - Thyroid Cancer
    - Palpation of thyroid, consider ultrasound follow up if nodules suspected
      - Beginning by late teens, annually
  - Hepatoblastoma
    - Palpation of liver, abdominal ultrasound, AFP level
      - For first 5 years of life, every 3-6 months
  - Pancreatic Cancer and CNS Cancer
    - Lifetime risk for these cancers are low and no recommendations have been made
  - Intra-Abdominal Desmoids
    - Annual palpation of abdomen
    - After Colectomy consider abdominal and pelvic CT or MRI every 3 years

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Adapted from the NCCN—Colon Cancer Screening—2010.

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