

MEETING ABSTRACT

Open Access

Familial risk and diagnosis of colorectal cancer in young individuals

Pavel Elsakov

From Annual Conference on Hereditary Cancers 2013
Szczecin, Poland. 26-27 September 2013

Published: 9 September 2015

The age standardized (world) incidence (per 100000) of large bowel cancer in Lithuania is increasing: in 1993-1997 it was 25.6 for males and 16.8 for females; in 1998-2002 it was 30.4 and 19.1 respectively. Meanwhile the age standardized (world) cancer mortality remains without change: in the same periods it was 18.0 for males and 11.5 for females; 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 years 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 a first-degree family member had the disease, and shows that your chances of surviving the disease may be influenced in part by your family ties. It hypothesized that patients with a family history of CRC might be more likely to get screened for the disease, finding tumors earlier, and are more likely to have a better prognosis. In addition to collecting family tree information help for recognition of hereditary cancer syndrome such as HNPCC, Peutz-Jeghers Polyposis, and FAP. The familial risk for CRC and effective cancer prevention become more important in individuals aged below 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 a prognostic factor for individuals aged 25-39 years. Results shows that a positive family history was not a clear indicator of early stage diagnosis in the groups studied compared to the population.

doi:10.1186/1897-4287-13-S1-A6

Cite this article as: Elsakov: Familial risk and diagnosis of colorectal cancer in young individuals. *Hereditary Cancer in Clinical Practice* 2015 13(Suppl 1):A6.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit



Correspondence: elena.jelsakova@seb.lt
State Research Institute, Innovative Medicine Center, Vilnius, Lithuania



© 2015 Elsakov This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.