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**Malignant and pre-malignant colorectal lesions in forty-year olds: is earlier inception of screening warranted?**

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Dear Editor,

In the last decade the evidence has shown an increased incidence of sporadic colorectal cancers in younger individuals, particularly before the age of 60, thus raising the possibility of anticipating the age of screening for colorectal cancer currently established at age 50, in the absence of significant family history<sup>1</sup>. Current recommendations suggest earlier colonoscopy for genetic syndromes such as familial adenomatous polyposis (FAP) or Lynch syndrome or in the presence of a first-degree relative with a history of colorectal cancer before age of 60<sup>2</sup>. In the latter case, the risk is increased by 3-6 fold<sup>3</sup>. The test is reserved in the remaining individuals for those with alarm symptoms that justify an endoscopic study. In fact, the growing number of malignant and pre-malignant lesions detected before the age of 50 have justified the advice of having a lower threshold for endoscopic studies, in particular colonoscopy, in the presence of symptoms, but especially in those with a first-degree family history regardless of age, usually starting at the age of 40<sup>4</sup>. Currently, colonoscopy is a widely available procedure and is gradually becoming increasingly accepted by the general population, so the use of this test is an increasingly routine<sup>5</sup>. However, available data on endoscopic findings, particularly in relation to malignant or premalignant lesions, in patients between the ages of 40 and 49 submitted to colonoscopy as either a screening / surveillance

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