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ORIGINAL ARTICLE

## Descriptive analysis of endoscopic findings in patients with a family history of colorectal cancer<sup>☆</sup>



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### KEYWORDS

Colorectal neoplasia;  
Colonoscopy;  
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### Abstract

**Background:** The presence of a family history implies an increased risk for developing colorectal cancer (CRC), and may require a different screening strategy.

The aim of this study was to evaluate lesions found during colonoscopies of patients that had a family history of CRC.

**Material and methods:** A retrospective study was conducted that included consecutive colonoscopies performed on patients with a family history of CRC at a referral center within the period from April 2000 to January 2012. The colonoscopic findings were analyzed in relation to sex, age, and the presence or absence of symptoms.

**Results:** Data from 3,792 colonoscopies were collected. The mean age of the patients was 53.14 years (SD 12.22), and 57.4% were women. Colonoscopy was normal in 71.7% of the cases, with hyperplastic polyps being detected in 7.1%, and adenomatous polyps in 19.8% (39.4% of them were high risk). There was a 1.5% presence of adenocarcinomas in the subjects. Polyps and CRC were predominant in men ( $P=.001$  and  $P=.027$ , respectively) and there was a linear increase with age. Symptomatic patients had a higher CRC detection rate ( $P<.001$ ), but no differences were observed in relation to polyp diagnosis.

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**PALABRAS CLAVE**

Neoplasia colorrectal;  
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Cribado;  
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**Conclusions:** Age and male sex increased the risk for presenting with CRC or adenomas in the group of patients with a family history of CRC, and the presence of symptoms was associated with a greater risk for presenting with CRC.

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## Análisis descriptivo de los hallazgos endoscópicos en pacientes con antecedentes familiares de cáncer colorrectal

### Resumen

**Antecedentes:** La presencia de antecedentes familiares implica un riesgo aumentado de presentar colorrectal (CCR), lo que condiciona una estrategia de cribado diferente.

El objetivo de este trabajo fue evaluar las lesiones halladas en las colonoscopias de pacientes que se sometieron a esta exploración y que tuvieron antecedentes familiares para CCR.

**Material y métodos:** Se realizó un estudio retrospectivo incluyendo las colonoscopias consecutivas realizadas en un centro de referencia desde abril del 2000 hasta enero del 2012 en pacientes con antecedentes familiares de CCR. Los hallazgos encontrados en la colonoscopia se analizaron en función del sexo, la edad y la presencia o ausencia de síntomas.

**Resultados:** Se recogieron datos de 3,792 colonoscopias. La edad media  $\pm$  desviación estándar de los pacientes fue de  $53.14 \pm 12.22$  años, siendo el 57,4% mujeres. La colonoscopia fue normal en el 71.7% de los casos, se detectaron pólipos hiperplásicos en el 7.1% y pólipos adenomatosos en el 19.8% (39.4% de ellos, de alto riesgo). La presencia de adenocarcinomas se evidenció en el 1.5% de los sujetos. La presencia de pólipos y CCR predomina en varones ( $p=0.001$  y  $p=0.027$ , respectivamente) y aumentan de forma lineal con la edad. En los pacientes sintomáticos hubo mayor tasa de detección de CCR ( $p < 0.001$ ), mientras que no se observaron diferencias para el diagnóstico de pólipos.

**Conclusiones:** En el grupo de pacientes con antecedentes familiares de CCR, la edad y el sexo masculino aumentan el riesgo de presentar CCR o adenomas. La presencia de síntomas se asocia a mayor riesgo de presentar CCR.

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## Introduction

Colorectal cancer (CRC) is the third most frequent tumor in men and the second in women worldwide.<sup>1</sup> Incidence is greater in men than in women with a ratio of 1.4:1. This tumor represents 8% of the overall mortality due to cancer, making it the 4th most common cause of death by cancer.<sup>2</sup>

The Health Sector in León, Spain, has rates that are standardized with those of the worldwide population, between 33.7 and 41.6 for men and 19.8 and 23 for women per 100,000 inhabitants. In this area of health, a study by Martin Sanchez et al. reported an increase in the incidence rate from the year 1994 to 2008.<sup>3</sup> An increase in CRC incidence, prevalence, and mortality in men and their reduction in women are expected in the coming years.<sup>4</sup> This upward trend is also observed in other regions of the world<sup>5</sup> where similar genetic factors are presupposed.

The hereditary forms of CRC (mainly colorectal polyps and Lynch syndrome) make up 3% of the total cases of CRC. It is estimated that up to 30% of CRC cases in the Spanish population have family aggregation.<sup>6</sup> The genetic profile of the familial forms are currently not well established. The implicated alleles are more common and have a lower penetration. Pangenomic association studies have recently

identified how some single nucleotide polymorphisms could be associated with the excess of familial risk, enabling the classification of patients into subgroups according to their risk.<sup>7</sup>

The relatives of patients with CRC have an increased risk for presenting with this type of neoplasia, depending on the degree of the relation and the age at which the affected relative presents with the tumor.<sup>8</sup> A prospective study by Ng et al.<sup>9</sup> was recently published in which the siblings of patients with CRC had a 7.5% prevalence of advanced neoplasia, compared with 2.9% in controls. Knowing the risk for presenting with the disease in relatives of CRC patients implies a different screening strategy for early lesion detection.<sup>10</sup>

The aim of our study was to evaluate colonoscopy findings in patients with a family history (FH) of CRC and to analyze the factors associated with the presence of neoplastic lesions.

## Methods

A retrospective study was conducted in which the colonoscopies performed at our center within the time frame of April 2000 and January 2012 on outpatients with a FH of CRC

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