Background: Individuals with a positive family history of colon cancer have an increased risk of colorectal cancer (CRC). Risk stratification is essential to effective implementation of colorectal cancer (CRC) screening strategies. For patients with single first-degree relative with CRC excluding hereditary non polyposis colorectal cancer (HNPCC) diagnosed after age 60, the ACG recommends screening to start at age 50 and if negative repeat colonoscopies every 10 years. The objectives of this study were to assess the current practice patterns of practicing gastroenterologists and gastroenterology (GI) fellows regarding screening patients with family history of colon cancer and compare these practices to the 2008 ACG guidelines.

Methods: We conducted a survey of GI fellows and practicing gastroenterologists who attended the 2012 William M. Steinberg Board Review in Gastroenterology. The attendees at this course are from all of the United States and Puerto Rico. The survey instrument asked the following questions: 1- You see a 30 year old woman in your practice whose father had colon cancer at age 70. At what age do you advise beginning screening? And 2- if the colonoscopy is negative, how many years later do you advise a repeat procedure. In addition, physicians were asked if they were aware of 2008 ACG screening guidelines for individuals with family histories of CRC. We used The Cochran-Armitage test for trend to see the linear trend between the groups.

Results: 225 of the 399 attendees (56.4%) completed the survey. Of the 225 responders, 64 identified as GI fellows and 161 as practicing GI physicians. Practicing GI’s were stratified in to 3 categories based on the number of years in practice (0-10 yrs {n= 71}, 11-20 yrs {N = 58} and >20 yrs {N = 31}). 97% of the fellows, 78% of 1-10 yr GI’s, 87% of 11-20 yr GI’s and 84% of >20 yr GI’s stated they were aware of the 2008 ACG guidelines (p = 0.146). For question one above 78% of the fellows, 64% of 1-10 yr GI’s, 67% 11-20 yr GI’s and 62% of >20 yr GI physicians stated they would start screening at age 50 (p value =0.124) and the rest answered they would start screening before the age of 50. When asked when to repeat the screening (question 2) - 62% of the fellows, 46% of 1-10 yr GI’s, 51% of 1-20 yr GI’s and 31.1% of >20 yr GI’s stated they would repeat at 10 years (P value = 0.013) and the rest preferred to repeat screening before 10 years (most responded at 5 years).

Conclusion: Fellows and practicing GI physicians have equal awareness of the 2008 ACG guidelines. Both fellows and GI physician practices are in line with the guidelines when it comes to the age at which screening should start. However, practicing physicians tend to advise re-scoping at shorter intervals than GI fellows and this trend is more pronounced the longer a GI physician is in practice.