Who is at risk?
You may be at risk of colorectal cancer if you have the following risk factors.
- A family or personal history of colorectal cancer before age 50.
- A family or personal history of colorectal polyps.
- A family or personal history of endometrial (uterine) cancer before age 50.
- A family or personal history of stomach (gastric), kidney or urinary tract, or brain cancer.
- A family member who has tested positive for a genetic mutation (APC, MYH, MLH1, MSH2, MSH6, or PMS2).

Why should I have genetic testing?
All people have genes passed from parent to child that contribute to visible traits such as eye or hair color. Medical science now studies genes that can result in less visible traits, which may place a person at higher risk for developing diseases such as colorectal cancer.

Why have I been referred for genetic testing?
You have either been referred to or expressed an interest in the Hereditary Gastrointestinal Cancer Risk Program at Baylor University Medical Center at Dallas. You will be asked to complete a personal and family medical history questionnaire. Based upon this information you will receive your family pedigree profile at the conclusion of your appointment. The program provides:
- Colorectal cancer risk assessment
- Family analysis of medical diseases and disorders
- Physician consultation
- A personal risk assessment, including prevention and risk reduction of developing colorectal cancer and/or colon polyps
- Genetic testing, as appropriate
- Guidelines for ongoing monitoring
- Education about prevention research trials
- Family genetic counseling, as appropriate

What is involved in genetic testing?
If you chose to obtain genetic testing the following will occur:
- You will meet with a team of specialists on the medical staff at Baylor Dallas, who will obtain your complete family medical history.
A thorough screening and evaluation will be conducted to determine if testing of genetic propensity for colorectal cancers is recommended.

In some instances, previously removed tumor samples are obtained from other hospitals for specialized analysis at Baylor Dallas.

If recommended, with your written consent a blood sample is drawn for genetic testing.

The blood sample is sent to a national laboratory specializing in genetic testing.

Your testing results are received in about four to six weeks.

You will be asked to return to further discuss your results and health care recommendations, such as, colonoscopy and/or treatment and removal of any pre-malignant polyps.

You and any family participants will receive a risk summary, monitoring plan tailored to the individual level of risk and a color-copy of a three-generation family tree.

You may benefit from genetic testing if you have any of the following:

- A personal history of colon cancer
- One or more pre-cancerous or adenomatous colorectal polyps or recurrent colorectal polyps
- A confirmed diagnosis of hereditary nonpolyposis colorectal cancer (HNPCC) also known as Lynch Syndrome.
  
  – Lynch Syndrome is a form of hereditary cancer caused by an inherited gene defect. People diagnosed with Lynch Syndrome are at high risk of developing colorectal cancer before the age of 50. Lynch Syndrome also can increase the risk of developing endometrial, stomach, ovarian and other types of cancers.
- Familial adenomatous polyposis also known as FAP, and attenuated FAP, a mild form of the disease
- MYH-associated polyposis, a recessive form of FAP that is often attenuated.
  
  – There are other, less common forms of intestinal polyposis that are distinct from FAP but are associated with specific cancer risks, and these include:
    • Peutz-Jeghers Syndrome
    • Juvenile Polyposis Syndrome
    • Bannayan-Riley-Ruvalcaba Syndrome
    • Cowden’s Disease
- A diagnosis of chronic inflammatory bowel disease or Barrett’s esophagus.

Research Opportunity

While at your appointment you may be invited to participate in a research registry. Taking part in research is completely voluntary. Any research opportunity will be thoroughly explained and you have the right to choose to participate. Your decision will not result in any change in the level of care you would otherwise receive at Baylor University Medical Center at Dallas.

The Hereditary Gastrointestinal Cancer Risk Program Team

C. Richard Boland, M.D. is Chief of Gastroenterology at Baylor University Medical Center at Dallas and leads the Hereditary Gastrointestinal Cancer Risk Program.

Fees

The patient is responsible for the fees associated with the Hereditary Gastrointestinal Cancer Risk Program and the Baylor Dallas team will assist with filing through your insurance provider. Genetic testing is billed separately by a CLIA certified genetic testing laboratory. The costs of testing are usually covered by medical insurance.

Digestive Care

Baylor University Medical Center at Dallas provides comprehensive diagnostic and therapeutic services for patients with gastrointestinal disorders or digestive diseases and performs more than 15,000 related procedures annually. Among the digestive disorders treated at Baylor Dallas are acute and chronic liver disease including hepatitis C and cirrhosis, chronic diarrhea, constipation, Crohn’s disease, gastro-esophageal reflux disease (GERD), hemorrhoids, irritable bowel syndrome, pancreatitis, and ulcer disease.

Baylor Dallas has been recognized for 13 consecutive years by the U.S. News and World Report’s “America’s Best Hospital” issue.
About the Baylor Charles A. Sammons Cancer Center

Baylor Charles A. Sammons Cancer Center is an integral part of Baylor University Medical Center at Dallas, offering a full array of oncology services. They include: screening and risk evaluation programs, surgical and gynecologic consultation, radiation oncology, medical oncology, hematological oncology, blood and marrow transplantation, therapy and prevention trials. Additional services are provided by the W.H. & Peggy Smith Breast Center, Baylor Sammons Breast Imaging Center, the Virginia R. Cvetko Patient Educational Center, Cutaneous T-Cell Lymphoma Clinic, Liver and Pancreas Disease Center, Lymphedema program and Ernie’s Appearance Center.

All forms of cancer are treated at the Baylor Sammons Cancer Center with particular emphasis on breast, prostate, lung, colon, and gynecologic cancers as well as hematologic malignancies (leukemia, lymphoma and myeloma). Multidisciplinary interaction among doctors from different specialties is the focus of cancer center activities. These specialists work together to provide patients with personalized, high quality care and are dedicated to education and research programs that revolutionize oncology treatments.

Physicians are members of the medical staff at one of Baylor Health Care System’s subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor University Medical Center at Dallas or Baylor Health Care System. MOD. 08058. 100. 03.08