

Online Exclusive

# Colorectal Cancer Family History Assessment: Documentation, Deficiencies, and Future Directions

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This article describes family history assessment for colorectal cancer in three outpatient gastroenterology units and examines gastroenterology unit nurses' knowledge and attitudes about family history assessments. Eighty-eight colonoscopy records were surveyed, and 16 RNs were interviewed. The medical record documentation was surveyed using a researcher-developed tool to identify type of cancer, age at disease onset, family relationship, and number of family members with cancer. Gastroenterology unit nurses were interviewed to assess knowledge and attitudes about family history assessment regarding colorectal cancer. Findings indicate that limited family history documentation was present in the medical record and that important age-at-disease-onset information was missing in 95% of patients with a family history of colorectal cancer and in 85% of patients with a family history of Lynch syndrome-associated cancers. No documentation was found in any charts about the number of affected relatives within the same family. Inconsistencies in family history documentation within the same medical record were noted, and family history information was found in multiple chart forms. Gastroenterology nurses rated family history as very important but gave a lower rating to personal knowledge about and resources for family history assessment.

**F**amily history evaluation is considered to be one of the most effective tools for predicting disease (Alspach, 2011; Leach & Eng, 2010) and is used for risk stratification, individualized screening for cancer detection and prevention, and targeted genetic services (Berg et al., 2009). Leach and Eng (2010) compared family history assessment to commercial personal genomic testing, often referred to as direct-to-consumer genetic testing, and family history assessment was found to be superior in stratifying population risk, moderate risk, and high risk for breast, prostate, or colon cancers. Although family history is one of the least expensive and most important genomic tools, it frequently is underused and underdocumented (Freezo, Rubenstein, Dunham, & Ormond, 2003; Murff, Greevy, & Syngal, 2007). Family history information is key for studying single-gene disorders and identifying the shared risk factors, gene alternations (single-

## At a Glance

- ◆ A family history assessment for colorectal cancer is important for evaluating risk, individualizing screening guidelines, and targeting referrals for genetic counseling.
- ◆ Based on a literature review and the findings from this study, family history documentation often is inadequate and documentation tools are underdeveloped.
- ◆ Nurses have the ability to improve their knowledge and skills related to family history assessment and documentation.

nucleotide polymorphisms), lifestyle patterns, and environment of common complex diseases (Berg et al., 2009). Although the presence or absence of family history may be documented in

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