

Knowing Your Family Health History Can Help Improve Your Odds Against Cancer

Gathering information about cancer among close relatives can help you understand your risk and get enhanced screening.

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To better understand your risk of cancer, it helps to know your family health history.

Knowing if your parents, grandparents, siblings, and other close relatives have had cancer and at what age can help you and your providers assess your risk of certain cancers, personalize your cancer screening, and determine if you need [genetic testing to reveal hereditary cancer conditions](#). It's estimated that 5% to 10% of cancers are inherited in families.

To explore the role played by family health history in understanding your cancer risk, we turned to [Lisa Ku](#), MS, CGC, lead genetic counselor of the [Hereditary Cancer Program](#) at the [University of Colorado Anschutz Cancer Center](#) and the [UCHealth Hereditary Cancer Clinic](#) in the Anschutz Cancer Pavilion; and [Jan Lowery](#), PhD, MPH, the cancer center's assistant director for dissemination and implementation in its [Office of Community Outreach and Engagement \(COE\)](#), which leads a number of cancer screening initiatives across Colorado.

→ [More about cancer screening at the CU Anschutz Cancer Center.](#)

Why is knowing my family health history important?

Ku: Family history plays a key role in helping us to determine the likelihood of an inherited component to cancer in a family. We can look for patterns to see if there's something that's being passed from generation to generation. Certain signs – like early-onset cancers diagnosed in adults under age 50, or certain types of cancers – can make us feel it's more likely that there is a

hereditary component. And that can also be helpful to determine cancer screening recommendations.

Lowery: When you know your family history and your risk, then for the cancers we can screen for, you can get screened earlier and, in some cases, more often than people at lower risk. The percentage of people who have an inherited mutation that puts them at significant lifetime risk of cancer is pretty small, less than 1% of the population. A much larger percentage of people, 10%-15%, including myself, have a close relative who was diagnosed with cancer at a younger age than normal. Having just one close relative with cancer at a younger age increases risk for some cancers by up to twofold.

Are there certain cancer types that are most often impacted by family history?

Ku: There are some cancers that we get a little bit more suspicious about, regardless of family history, because they're more rare, such as [ovarian cancer](#) and paragangliomas, which are a type of [neuroendocrine tumor](#). And anytime we learn of multiple individuals in a family with the same kind of cancer, or people with onset under age 50, we pay attention to that.

What information should I gather about my family's health history?

Ku: Try to be as specific as you can about learning what kind of cancer a family member has and the age at which they were diagnosed with that cancer. That's a lot more important than, say, the age that they passed away. It's also important to know how you're related to the person. If you have a cousin who has cancer, how is that cousin related to you? Is it your mom's sister's daughter, or what?

It's also important to remember that we're talking about biologically related individuals. In certain cultures, people refer to "my aunts" or "my cousin," when they really mean somebody who's more distantly related or maybe not related at all in terms of a biological relationship.

Lowery: As Lisa says, information about a family member's age at the onset of cancer is important. After a certain age, cancer is pretty common. If your parent or other close relative had cancer when they were younger, that can have a greater impact on your risk.

Besides cancer, are there other health events in my family's history that might have an impact on my cancer risk?

Lowery: Yes. For example, with [colon cancer](#), it's not just a family history of cancer; it's also a family history of polyps. My grandfather died of colon cancer at 59, and my father had a certain kind of colon polyp, called adenomas, in his late 40s. Just based on my father's adenomas alone, that would put me in a higher risk category.

→ [‘FIT for Life’ Colorectal Cancer Screening Program Goes Online](#)

How far back should I go in compiling a family health history?

Ku: When we think about cancer family history, we usually go about two generations back, to grandparents, and two generations forward, to grandchildren. It's not always realistic, but we do sometimes ask about great-aunts, great-uncles, and great-grandparents, if we think that there's a relevance or if there's a very small family.

Is it sometimes hard to get relatives to talk about their cancer?

Ku: Absolutely. When a family member has had cancer, you might hear, "We didn't want to worry you, so we didn't tell you about this." Or, "I don't want to think about it anymore." People might put blinders on in that sense. I often suggest that people tell their family member, "This information will help me to be proactive with my health." Or, "Consider doing it for your kids or grandkids." It's important to get across that the value of this information goes beyond the individual and can help the rest of the family.

Lowery: My sense is that people are getting better about talking about cancer. In older generations, often cancer wasn't talked about, and now, it's something people may talk about around the dinner table.

If I've had cancer and I want to pass on my history to my children and grandchildren, is there a best way to do that – a conversation, or writing a note, or something else?

Ku: All of the above, but having something in writing is often very helpful. We often find that people remember they have a relative who had cancer, but they don't know the details.

Lowery: If you're a parent and grandparent, however you do it, share your health history with your kids. It's natural that we share our memories with our kids, but it's really important to share our health history as well.

If I look into my family history and learn that one or more relatives had cancer, what should I do?

Ku: First, you should talk about it with your primary care provider. You can also make an appointment with a hereditary cancer clinic like ours, where you can meet with a genetic counselor and go over your family history with us. We can do a cancer risk assessment and advise you on the pros and cons of genetic testing, which would look for specific gene mutations that could play a role in your cancer risk.

We might also recommend screening regardless of genetic testing, just based on your family history. For example, if you have a first-degree relative – a parent, full sibling, or child – with colon cancer at any age, we recommend starting colon cancer screening at age 40 instead of age 45, and we recommend intervals of every five years instead of the usual 10 years.

What's the best way for people to come to your hereditary cancer clinic?

Ku: The easiest way is to get a referral from your primary care provider after discussing your family history with them. That can make the insurance process easier. Or you can contact us yourself by calling 720-848-5944.

→ [Celebrating Genetic Counselor Awareness Day with the CU Anschutz Cancer Center's Hereditary Cancer Program](#)

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