

Average Risk/Low Risk Family History Surveillance Recommendations:

No personal or family history of CRC or advanced adenomas

Or

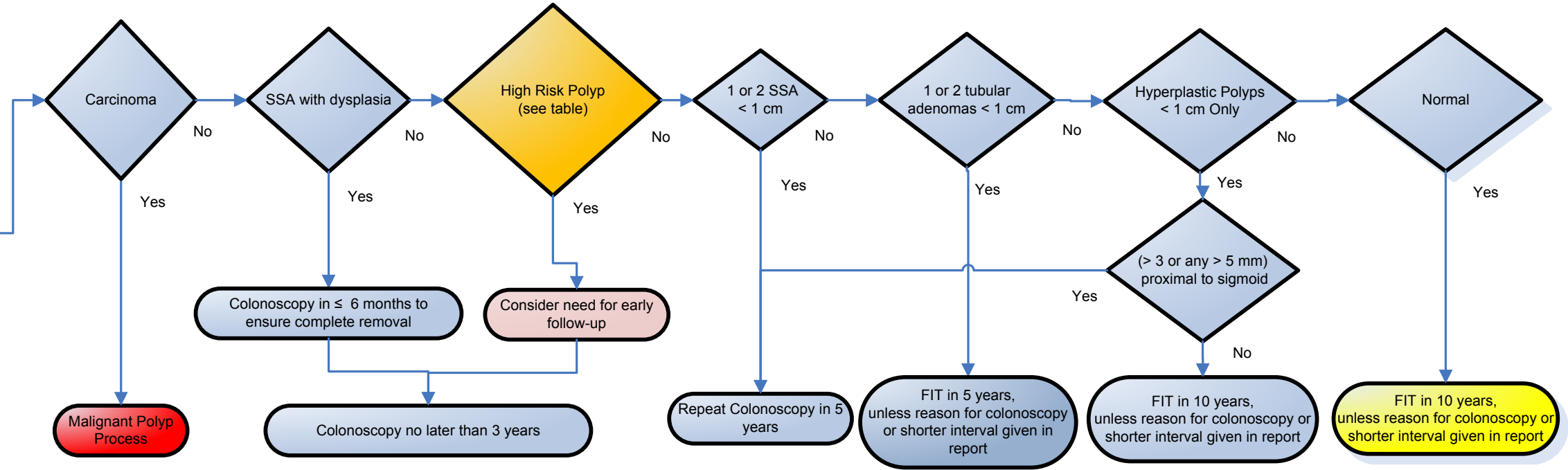
Single first degree relative diagnosed \geq Age 60 with CRC Or advanced adenoma

Or

Any relative with polyp of unknown histology or non-advanced adenoma

Process:

1. Review available records: endoscopy report/nursing notes and pathology report, prior colonoscopy and pathology reports.
2. Confirm patient's underlying CRC risk. Does the patient have a personal history of an advanced adenoma? If yes, then next surveillance interval should be by colonoscopy in no later than five years.
3. Did the endoscopist make a surveillance recommendation?
4. Determine if other recent procedures, such as removal of a large polyp.
5. Review pathology from current colonoscopy.



Flowchart assumes that a polyp was completely removed. If the pathology report indicates that the polyp was not completely removed, the case should be reviewed with the physician.

Surveillance Interval Guidelines for High Risk Polyps

| Condition | Interval |
|--|-------------------|
| Conventional Adenomas | |
| 3 – 10 adenomas < 1 cm | 3 years |
| Any adenoma \geq 1 cm | 3 years |
| Any adenoma with high-grade dysplasia (review with MD re repeat within 6 months) | 3 years |
| Any adenoma with villous histology | 3 years |
| > 10 adenomas | 1 year + genetics |
| Serrated Lesions | |
| Traditional Serrated Adenoma | 3 years |
| Sessile Serrated Adenoma (SSA) with cytological dysplasia | 3 years |
| SSA \geq 1 cm | 3 years |
| 3 – 4 SSA < 1 cm | 3 years |
| > 4 SSA < 1 cm | 1-3 years + ?SPS |
| Hyperplastic \geq 1 cm proximal to sigmoid colon | 3 years |
| 2 or more SSAs \geq 1 cm | 1-3 years + ?SPS |
| Both Serrated and Conventional Adenomas | |
| 3 or 4 lesions: 1 or 2 SSA < 1 cm plus 1 or 2 TA < 1 cm | 3 years |
| 2 lesions: 1 SSA < 1 cm plus 1 TA < 1 cm | 5 years |

Early Follow-Up (\leq 6 Months): At discretion of endoscopist
 Large polyp removed piecemeal
 Incompletely removed polyp
 High Grade Dysplasia

Polyps Not Retrieved/Fulgurated at Colonoscopy
 Classify as adenomas if proximal to rectum.
 Classify diminutive rectal polyps as hyperplastic
 Classify larger rectal polyps > 7 mm as adenomas

?SPS: Serrated Polyposis Syndrome (SPS)
 Review all available pathology to determine if meets criteria:
 i) \geq 5 serrated polyps proximal to the sigmoid colon with \geq 2 being > 10 mm
 ii) \geq 1 serrated polyp proximal to sigmoid colon if FDR with SPS
 iii) > 20 serrated polyps of any size, distributed throughout the colon