**Increased Risk Surveillance Recommendations:**
- Personal history of CRC or advanced adenomas
- Any first degree relative diagnosed at age < 60 yrs with CRC or advanced adenoma
- ≥ 2 First Degree Relative (any age) with CRC or advanced adenomas
- Other increased risk groups

**Process:**
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.

**High Risk Polyp**
(see table)

**Colonoscopy no later than 3 years**

**Hyperplastic Polyps**
- < 1 cm Only
- No

**Surveillance Interval Guidelines for High Risk Polyps**

**Condition**

**Interval**

**Conventional Adenomas**
- 3 – 10 adenomas < 1 cm
- 3 years
- Any adenoma ≥ 1 cm
- Any adenoma with high-grade dysplasia
  - (review with MD re ? repeat 2-6 months)
  - Any adenoma with villous histology
  - > 10 adenomas
  - 1 year + genetics

**Serrated Lesions**

**Traditional Serrated Adenoma**
- 3 years

**Sessile Serrated Adenoma (SSA) with cytological dysplasia**
- 3 years

**SSA ≥ 1 cm**
- 3 years

**3 – 4 SSA < 1 cm**
- 3 years

**> 4 SSA < 1 cm**
- 1-3 years + ?SPS

**Hyperplastic polyp ≥ 1 cm proximal to sigmoid colon**
- 3 years

**2 or more SSAs ≥ 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 (≤ 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

**2SPS: Serrated Polyposis Syndrome (SPS)**

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

**CCSC Follow-Up and Surveillance Care Pathway:** Increased Risk Flowchart
File: increased_risk_surveillance_interval_flowchart_nov2019.vsd
Revised: xxxx xx, 2013