Colorectal Cancer (CRC) Screening & Post-Polypectomy Surveillance

Average Risk: Begin at age 50 with

- Yearly FIT or High Sensitivity guaiac FOBT* **or**
- Flexible Sigmoidoscopy every 10 years with FIT / HS-gFOBT* yearly **or**
- Colonoscopy every 10 years, if normal exam or distal small hyperplastic polyps only **or**
- New Options: Stool DNA* every 3 years **or**
- CTC* (virtual colonoscopy) every 5 yrs

***If the test is positive, a colonoscopy should be done.**

In-office DRE is not appropriate for screening

Increased Risk: Family History CRC or Polyps

- One 1st degree relative with CRC or advanced adenoma >60 years **or**
- Two 2nd degree relatives at any age with CRC **or** advanced adenoma

Colonoscopy begins age 40, then every 5-10 yrs.

- One 1st degree relative with CRC or advanced adenoma <60 years **or**
- Two 1st degree relatives at any age with CRC **or** advanced adenoma

Colonoscopy begins age 40 OR 10 years before the youngest relative at time of diagnosis, whichever comes first, and then every 5 yrs or as per findings.

ACG now recommends that family history of polyps only be counted as equal to a family history of CRC when family members had advanced adenoma.

Increased Risk: Personal History of Polyps

- 1-2 small Tubular Adenomas: repeat in 5-10 years based on the specific findings
- 3-10 adenomas/advanced adenomas** completely resected, repeat in 3 yrs. If normal, repeat in 5 yrs.

**Advanced adenomas: >1cm, villous, high grade dysplasia (HGD)

- Large sessile polyp removed piecemeal or w/ HGD:
  - Repeat colonoscopy in 3 months, if normal repeat colo in 1 yr., if normal, repeat colo in 3 yrs
  - If residual polyp, remove and repeat colo in 3-6 mos.
  - If still residual polyp, consider surgical resection
- Sessile serrated polyps (SSP): Follow surveillance guidelines as for adenoma, if SSP with dysplasia follow as if advanced adenoma, close follow-up if incomplete resection
- > 10 adenomas, repeat colonoscopy in 1 year. Consider underlying familial syndrome.

Increased Risk: Personal History of Colon Cancer

Following curative resection, colonoscopy 1 year post-op, if normal, repeat colo in 3 years, then 5 years.
Rectal cancer: Follow up per surgeon

Inadequate Prep: Semi-solid stool, inadequate to detect polyps > 5mm, repeat colo with extended prep as soon as feasible.
Other Prep Limitations: Consider earlier follow-up.

HNPCC: Genetic counseling and possible testing should be offered to patients with suggestive family history. If known HNPCC, colonoscopy every 1-2 years beginning around age 20, then yearly after age 40.

Screening/surv colos (incl. polypectomies) have NO cost-sharing to pt, for many insurances. Pt should ask insurer pre-colo. 4/2016