Colorectal Cancer (CRC) Screening and Post-Polypectomy Surveillance

Average Risk: *Begin at age 45:*

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

***If the test is positive, a colonoscopy should be done.**
In-office DRE (digital rectal exam) 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 age of the youngest relative at time of diagnosis, *whichever comes first*, and then every 5 years or as per findings.

Follow up for family history of polyps same as family history of CRC when family members had advanced adenoma: **>1cm, villous, high grade dysplasia (HGD); or if significant serrated polyp(s).

New Hampshire Colorectal Cancer Screening Program
(603) 653-3702

Increased Risk: *Personal History of Polyps*

- 1-2 small tubular adenomas: repeat in 5-10 years based on the specific findings (USMSTF: 7-10 years)
- 3 to <10 adenomas/advanced adenomas completely resected, repeat in 3-5 yrs.
- > 10 adenomas, repeat colonoscopy in 1 year, and consider underlying familial syndrome.
- 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 years
  - If residual polyp, remove and repeat colo in 3-6 mos.
- 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

Increased Risk: *Personal History of Colon or Rectal Cancer*

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, < 1 year
Other Prep Limitations: As per endoscopist.

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. Follow up per specialist.

Screening/surv colos (incl. polypectomies) have NO cost-sharing to pt, for many insurances. Pt should ask insurer pre-colonoscopy. *12/2021*

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