BC CANCER COLON SCREENING
Provincial Health Services Authority

PROVIDER NOTICE

Updated Colonoscopy Surveillance Guidelines

Update

In 2022, The Guidelines and Protocols Advisory Committee (GPAC) updated the provincial guidelines for colon screening and colonoscopy surveillance following the removal of a precancerous colorectal lesion:

- The screening recommendations for average risk individuals and those with a family history of colorectal cancer are unchanged.
- The colonoscopy surveillance recommendations for individuals who have previously had a precancerous colorectal lesion resected have changed.
- The Colon Screening Program and/or Health Authorities will notify providers and patients if the patient's next screening recommendation is changed based on the new guidelines.

Please see reverse page for updated Colonoscopy Follow-Up Algorithm.

Background and Rationale

Several recent publications have demonstrated that individuals with low risk precancerous lesions detected at colonoscopy do not have a high risk of future colorectal cancer. In fact, their risk is similar to that of the general population. This appears to be irrespective of the number of low risk lesions removed, although there is one study indicating that the risk may increase when 5 or more low risk lesions are detected.

In light of this new information, the new GPAC guidelines for colonoscopy follow-up of these individuals has been extended from 5 to 10 years and once an individual has a normal colonoscopy, they can return to FIT screening. Individuals with high-risk precancerous lesions or 5 or more low risk precancerous lesions continue to undergo colonoscopy at 3 and then 5 years with subsequent follow-up informed by the findings at their 5 year colonoscopy.

The Colon Screening Program follows the provincial GPAC guidelines and therefore screening recommendations will be adjusted for some patients who previously had colonoscopies within the program. New patients referred to the Colon Screening Program will be assessed by the health authority staff against the current guidelines and will only be offered colonoscopy if they are due/eligible.

For more information on the GPAC guidelines, please scan the following QR code or visit:

www.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines

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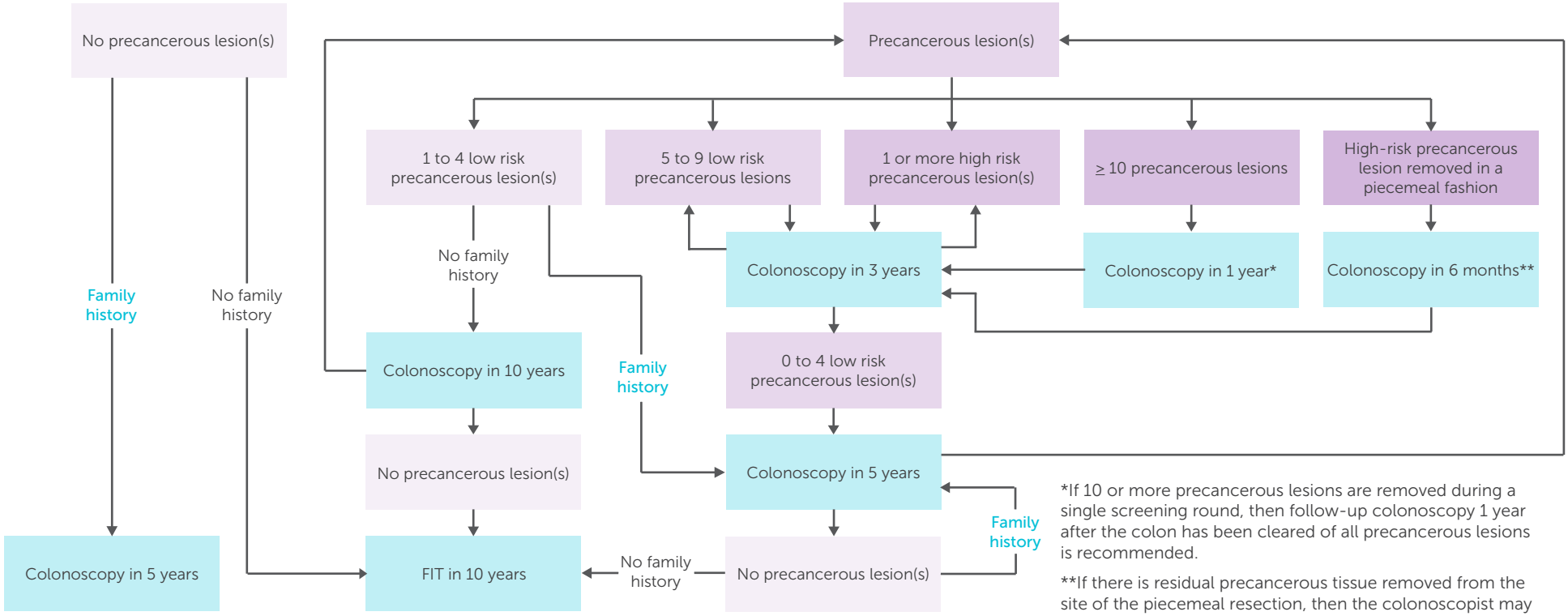
Colonoscopy Follow-up Algorithm

The findings at colonoscopy will determine the timing of further colonoscopies or whether the indivdiual returns to screening with FIT. Patients followed by colonoscopy do not require FIT. The following flowchart outlines the patient follow-up pathway after colonoscopy.



*If 10 or more precancerous lesions are removed during a single screening round, then follow-up colonoscopy 1 year after the colon has been cleared of all precancerous lesions is recommended.

**If there is residual precancerous tissue removed from the site of the piecemeal resection, then the colonoscopist may recommend an earlier colonoscopy.

High Risk Lesions

☐ Adenomas with:

- ☐ Villous features
- ☐ High-grade dysplasia
- ☐ ≥ 10mm

☐ Sessile serrated lesions ≥ 10 mm
☐ Sessile serrated lesions with cytologic dysplasia
☐ Traditional serrated adenomas
☐ Hyperplastic polyps ≥ 10mm

Precancerous lesions that do not meet the above criteria are classified as low-risk.

Low Risk Lesions

☐ Tubular adenomas <10 mm with low-grade dysplasia
☐ Sessile serrated lesions <10 mm without dysplasia

If the number of precancerous lesions removed during an individual's lifetime is 10 or more, then referral to the **Hereditary Cancer Program** for evaluation of a potential genetic predisposition to CRC is recommended.

Family History: one first degree relative diagnosed with CRC under age 60, **OR** 2 or more first degree relatives diagnosed with CRC at any age.

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