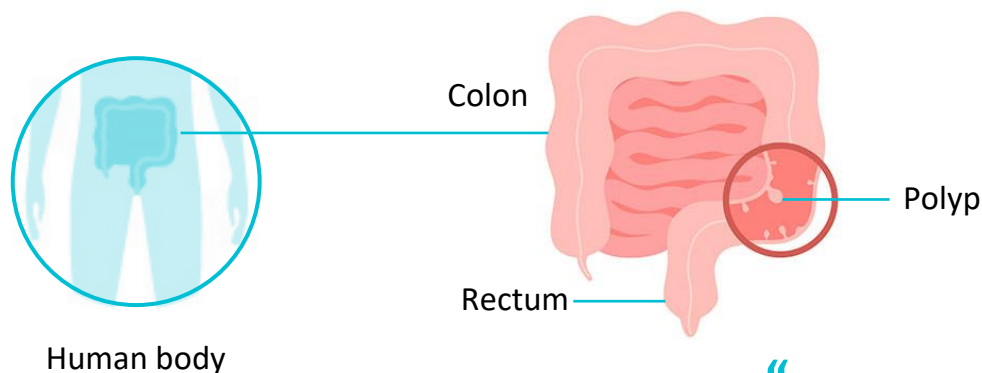


Colon Polyps and Follow-up Recommendations

Polyps in the colon or rectum are small growths of tissue that often have no symptoms. They are very common and do not mean you are at higher risk of cancer. There are different types of polyps, including some that are referred to as precancerous. Precancerous polyps can be found and removed during a colonoscopy, which helps to prevent cancer. After a polyp is removed, a pathologist will look at it under a microscope to determine the type of polyp(s) you have, and the recommended follow-up. The timing of your next follow-up will depend on the type, size and number of polyps removed.



What does it mean to have polyps removed from your colon?

It's very common to have polyps removed during a colonoscopy. Some polyps have no risk of growing into cancer. Having a precancerous polyp removed does not always mean you are at an increased risk for colorectal cancer in the future.

Findings from prior colonoscopies and your family history will determine the timing of future colonoscopies or whether you return to screening with fecal immunochemical test (FIT).

Your next colonoscopy will be in:

- 10 years after removal of 1-4 **low-risk** precancerous lesions,
- 3 years after removal of 5 or more **low-risk** precancerous lesions,
- 3 years after complete removal of a **high-risk** precancerous lesion,
- Within 6 months if a large precancerous lesion is **removed in pieces**.

“

Studies show it is safe for people who have had 1 to 4 low-risk precancerous lesions removed, and no family history of colorectal cancer to wait 10 years for their next colonoscopy.

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Low-risk precancerous lesions include:

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

Family history include:

- One first degree relative (e.g., parent, full sibling, child) diagnosed with colorectal cancer under age 60, or;
- Two or more first degree relatives diagnosed with colorectal cancer at any age.

Frequently asked questions

What causes polyps to form?

Factors that can cause polyps to form are thought to be the same risk factors that are associated with colorectal cancer. These include:

- increasing age;
- having inflammatory intestinal conditions (e.g. ulcerative colitis, Crohn's colitis);
- family history of colorectal cancer;
- smoking or alcohol use;
- obesity;
- diet that is high in red and processed meat and low in fruits and vegetables; and
- lack of regular exercise.

Am I at higher risk of getting colorectal cancer between now and my next screen?

No, having polyps removed does not mean you are at higher risk of getting colorectal cancer between now and your next screen. If you've had low-risk precancerous lesions removed, there's new evidence to suggest that you are at lower colorectal cancer risk than previously thought.

What do I do if I'm experiencing symptoms?

Screening programs are for people who are not experiencing any symptoms. If you have any of the following symptoms before your next screen, please see a health care provider right away:

- blood in the stool;
- change in bowel habits;
- persistent abdominal pain; or,
- unexplained weight loss.

How can I reduce my risk of colorectal cancer?

A healthy diet, being physically active and maintaining a healthy weight can help you reduce your cancer risk. To learn more about cancer prevention, visit: www.bccancer.bc.ca/prevent.