# Suggested Colonoscopy Surveillance Intervals

<table>
<thead>
<tr>
<th>Baseline colonoscopy (most advanced findings)</th>
<th>Recommended surveillance interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate Prep</td>
<td>&lt; 1 year (or alternative screening test)</td>
</tr>
</tbody>
</table>

## Average risk patients

**ADENOMAS**

- No adenomas: Resume CRC screening in 10 years
- 1-2 small (<10 mm) adenomas: 5-10 years
- ≥ 3 small (<10 mm) adenomas: 3 years
- ≥ 1 large adenoma (≥10 mm): 3 years
- ≥ 1 adenoma with villous histology or HGD: 3 years
- > 10 adenomas: <3 years

**Piecemeal resection of sessile adenomas**: 2-6 months

**SESSILE SERRATED ADENOMAS/POLYPS (SSA/P)**

- SSA/P < 10 mm with no dysplasia: 5 years
- SSA/P ≥ 10 mm: 3 years
- SSA/P with dysplasia: 3 years
- Traditional serrated adenoma: 3 years
- Serrated polyposis syndrome*: 1 year

**Rectum/sigmoid hyperplastic polyp (HP) of any size**: Resume CRC screening in 10 years

**Proximal HP**: ≤3 diminutive (≤ 5 mm): Resume CRC screening in 10 years

**Proximal HP**: ≥4 of any size or at least one 6-9 mm: 5 years

## High risk patients

**Family history of CRC or advanced adenomas (age < 60)**

- No adenomas, or 1-2 small (<10mm) adenomas: 5 years
- All other findings, as average risk patients: Manage as for average risk (see above)
- CRC and curative resection: 1 year, then 3 year, then every 5 years
- IBD (with colitis): 1-2 years
- Lynch Syndrome: 1-2 years

## Recommendations for Polyp Surveillance After First Surveillance Colonoscopy

<table>
<thead>
<tr>
<th>Baseline colonoscopy</th>
<th>1st surveillance</th>
<th>Interval for 2nd surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk Adenoma (LRA)**</td>
<td>No adenoma</td>
<td>10 years</td>
</tr>
<tr>
<td>LRA</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>High Risk Adenoma (HRA)**</td>
<td>No adenoma</td>
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</tbody>
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CRC, colorectal cancer; HGD, High Grade Dysplasia; HP, hyperplastic polyp; SSA/P, Sessile serrated adenoma/polyp; IBD, Inflammatory Bowel Disease; HNPCC, hereditary nonpolyposis colon cancer.

* Must fulfill one of the following criteria: (1) at least 5 serrated polyps proximal to sigmoid, with 2 or more ≥10 mm; (2) any serrated polyps proximal to sigmoid with family history of serrated polyposis syndrome; and (3) >20 serrated polyps of any size throughout the colon.

* Applies only to a patient with a 1st degree relative who was diagnosed with colorectal cancer (CRC) or advanced adenomas (size >10 mm, villous histology, or HGD) before the age of 60, or with ≥2 1st degree relatives with CRC or advanced adenomas diagnosed at any age.

# Recommendations on HP’s are controversial (Rex et al. Gastro 2006; 1865-71). Proximal HP’s refers to those located proximal to the sigmoid colon. A large proximal HP may be considered SSA/P because of high interobserver variation in the pathology differentiation.

** These recommended intervals assume that no neoplasia is found. If high risk lesions are found on surveillance colonoscopy, then the interval recommendation may need to be shorter.

*** LRA = 1-2 small (<10 mm) adenomas; HRA = ≥3 adenomas, OR adenoma ≥10 mm OR adenoma with villous histology/HGD

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**Key References:**