

## Suggested Colonoscopy Surveillance Intervals

Baseline colonoscopy (most advanced findings)	Recommended surveillance interval
Inadequate Prep	< 1 year (or alternative screening test)
<b>Average risk patients</b>	
<b>ADENOMAS</b>	
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
<b>SESSILE SERRATED ADENOMAS/POLYPS (SSA/P)</b>	
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 <sup>†</sup>	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
<b>High risk patients</b>	
Family history of CRC or advanced adenomas (age < 60) <sup>◇</sup>	
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 <sup>#</sup>
IBD (with colitis)	1-2 years
Lynch Syndrome	1-2 years

### Recommendations for Polyp Surveillance After First Surveillance Colonoscopy

Baseline colonoscopy	1 <sup>st</sup> surveillance	Interval for 2 <sup>nd</sup> surveillance
Low Risk Adenoma (LRA) <sup>‡</sup>	No adenoma	10 years
	LRA	5 years
	High Risk Adenoma (HRA)	3 years
High Risk Adenoma (HRA) <sup>‡</sup>	No adenoma	5 years
	LRA	5 years
	HRA	3 years

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.

<sup>◇</sup> 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.

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

<sup>#</sup> 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.

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

<sup>†</sup> 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.

**Key References:** Lieberman DA et al. Gastroenterology 2012; 844-57.  
Rex DK et al, AJG 2012, 1315-29.  
Levin B et al. Gastroenterology 2008; 1570-95.