

DIGESTIVE HEALTH ASSOCIATES

PROFESSIONAL CORPORATION

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GUIDELINES FOR SCREENING AND SURVEILLANCE COLONOSCOPY $2004\,$

Patient category	First step	Next step
Screening		
Average-risk patient, no risk factors for colorectal cancer except age ≥50 yr	Begin screening at age 50	If normal, repeat every 10 yr
Single first-degree relative with colorectal cancer diagnosed at ≥ 60 yr	Begin screening at age 40	If normal, repeat every 5–10 yr
Single first-degree relative with colorectal cancer or tubular adenoma <60 yr or in 2 first- degree relatives of any age	Age 40, or 5 yr before the youngest case in the first-degree relative, whichever comes first	If normal, repeat in 3 yr. If second examination is normal, repeat every 5 yr
Inflammatory bowel disease, chronic UC, or Crohn's disease	Screening 8 yr after onset of pancolitis or 12– 15 yr after onset of left-sided colitis	Every 1–2 yr
Surveillance		
1 to 2 adenomas, <1 cm	Repeat in 5 yr	If normal, repeat every 10 yr
≥3 adenomas or 1 adenoma ≥1 cm or adenoma with villous histology	Repeat in 3 yr if confident all adenomas have been found and resected	If normal, repeat again in 5 yr
Large sessile (no stalk) adenoma ≥2 cm	Repeat in 3 mo	If residual polyp, remove and repeat in 6 mo. If either of previous examinations are normal, repeat in 1 yr. If normal after 1 yr, repeat every 3 yr. If not normal after 2–3 examinations, then surgery
Adenoma with high-grade dysplasia or malignant polyp: completely resected with clear margins of excision and no invasion of stalk	Pedunculated—repeat in 3 yr	If normal, repeat in 5 yr if it is the only polyp
	Sessile—repeat in 3 mo	If residual polyp, remove and repeat in 6 mo. If either of previous examinations is normal, repeat in 1 yr. If normal after 1 yr, repeat every 3 yr. If not normal after 2–3 examinations, then surgery
Personal history of curative-intent resection of colorectal cancer	Repeat 6 mo to 1 yr after cancer resection	If normal, repeat in 3 yr; if normal, repeat every 5 yr