

DIGESTIVE HEALTH ASSOCIATES

PROFESSIONAL CORPORATION

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Colonoscopy Surveillance Frequency

	ACS-MSTF-ACR	Proposed Guidelines
	American Cancer Society U.S. Multi-Society Task Force on Colorectal Cancer American College of Radiology	Terdiman JP, McQuaid KR. Surveillance guidelines should be updated to recognize the importance of serrated polyps. Gastroenterology. 2010 Nov;139(5):1444-7. Epub 2010 Sep 27. PubMed PMID: 20875785.
Personal History of Polyps		
Small rectal hyperplastic polyps	10 years	10 years
1-2 small tubular adenomas with LGD	5-10 years after initial polypectomy	
3-10 tubular small tubular adenomas with LGD	3 years after <i>initial polypectomy</i> *	
Adenoma > 1 cm	3 years*	
Adenoma with villous features	3 years*	
Adenoma with HGD	3 years*	
>10 adenomas on single exam	<3 years*	
Sessile adenomas removed piecemeal	2-6 months	
Personal History of Colorectal Cancer		
Perioperative clearing exam	Preoperative or 3-6 months after resection if no unresectable metastases	
Following curative resection	1 year following index clearing exam If normal, then repeat at 3 years. If normal, then repeat at 5 years.	
Serrated polyposis		1 years
Serrated polyp with cytological dysplasia		3 years
Serrated polyp proximal to the splenic flexure		3 years
Serrated polyps ≥10 mm		3 years
Serrated polyps <10 mm and distal to the splenic flexure		10 years

*If the initial follow-up colonoscopy is normal or shows only 1-2 small TA with LGD then interval for subsequent examinations is 5 years LGD=low grade dysplasia, HGD=high grade dysplasia, TA=tubular adenoma

Serrated polyps include HPs, sessile serrated adenomas and traditional serrated adenomas (TSAs).

World Health Organization defines hyperplastic (serrated) polyposis as (1) 5 histologically diagnosed HPs proximal to the sigmoid colon, of which 2 are 10 mm in diameter; or (2) any number of HPs that occur proximal to the sigmoid colon in an individual who has a first-degree relative with HPS; or (3) 30 HPs of any size that are distributed throughout the colon.