

ACRCSP Screening-Related Colonoscopy Prioritization and Expected Wait Times

Priority of Referral	Urgent	Moderate	Routine
Reason for Referral	<p>Abnormal FIT</p> <p>Asymptomatic, average risk men and women aged 50 - 74</p>	<p>Increased risk individuals overdue for screening or surveillance</p> <p>Polyp found on:</p> <ul style="list-style-type: none"> ➤ Sigmoidoscopy ➤ CT Colonography <p>Hereditary cancer syndromes³</p> <p>Hereditary Nonpolyposis Colorectal Cancer or Familial Adenomatous Polyposis</p>	<p>Family history of colorectal cancer (CRC) and/or high risk adenomatous polyp(s)¹</p> <ul style="list-style-type: none"> ➤ one 1st degree relative age 60 years or younger at diagnosis ➤ two or more affected relatives any age² <p>Personal History of:</p> <ul style="list-style-type: none"> ➤ CRC or ➤ colonic adenomatous polyp(s)⁴
Colonoscopy Wait time ⁵	60 days	6 months	12 months

Notes:

- 1) High risk adenomatous polyps include: 3-10 adenomas, one adenoma \geq 10mm, any adenoma with villous features, high grade dysplasia or intramucosal carcinoma.
- 2) Patients with one second degree or one third degree relative with CRC and/or high risk adenomatous polyps are considered average risk.
- 3) Some screening facilities may not accept patients with known hereditary cancer syndromes. Individual consultation with a gastroenterologist may be required.
- 4) Not all polyps are considered high risk and require surveillance. Refer to note #1 for high risk adenomas.
- 5) Wait times are approximate and general guidelines according to provincial standards; local limitations may result in a longer wait time, in those cases referral is recommended as promptly as possible. These guidelines are consistent with the Canadian Consensus on Medically Acceptable Wait Times for Digestive Health Care.

http://www.waittimealliance.ca/wp-content/uploads/2014/05/Digestive_HealthCAG.pdf