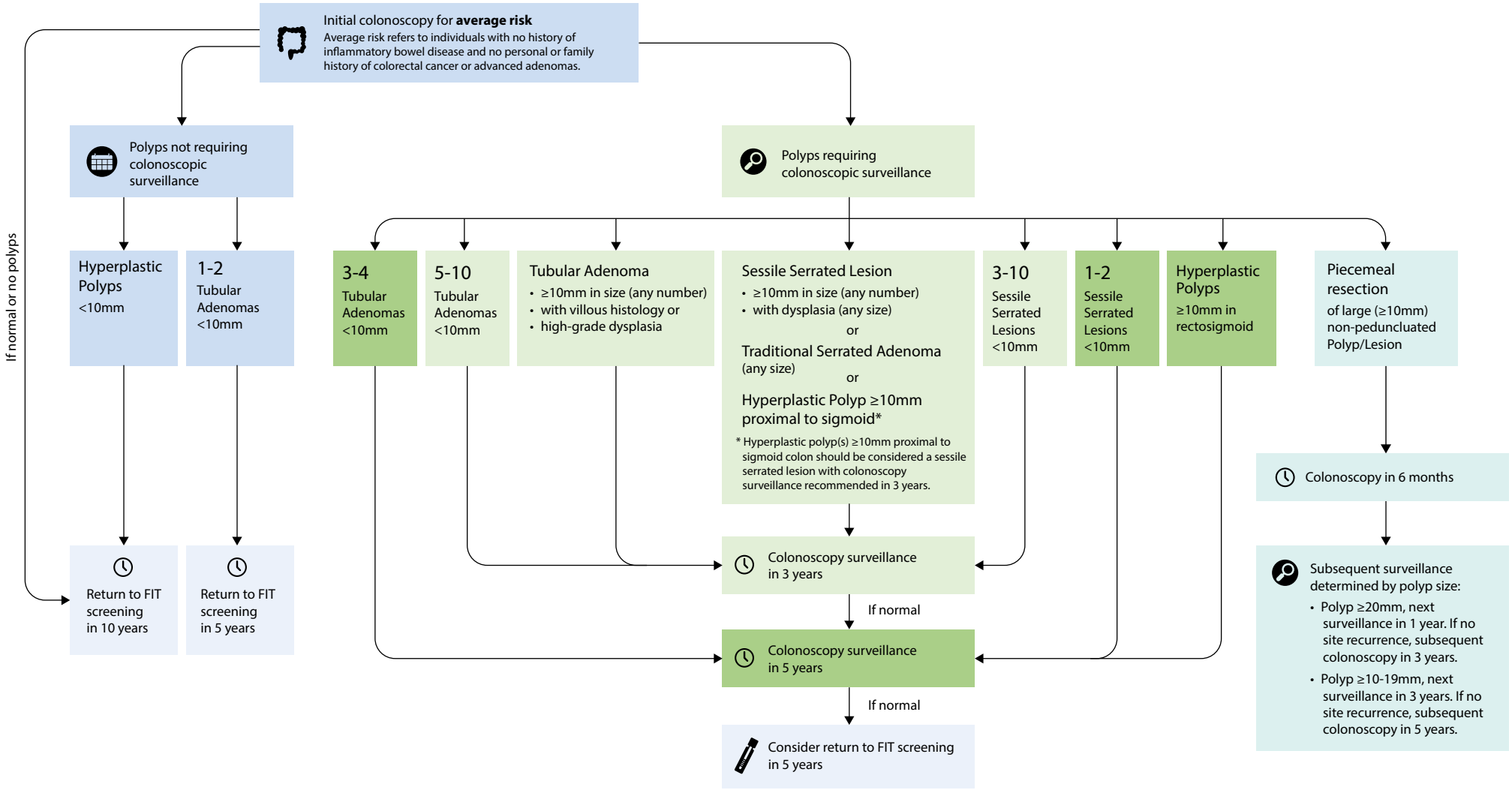
Colonoscopy Surveillance 2023

- This pathway is intended for individuals who are **average risk**, with no symptoms and no first-degree relatives with colorectal cancer. The surveillance recommendations are based on findings from the initial (baseline) colonoscopy.
- Individuals with family history of CRC in 1 or more first degree relative (parent, sibling, child) are considered at increased risk. Please refer to TOP CRC screening guidelines for family history at actt.albertadoctors.org
- The decision regarding surveillance interval should be based on the most advanced finding(s) at initial colonoscopy. Colonoscopy findings should be confirmed by final pathology results.
- Individuals undergoing surveillance by colonoscopy do not need a fecal immunochemical test (FIT).
- These recommendations assume that the initial colonoscopy is complete and of high quality and bowel preparation allowed adequate visualization of all colonic mucosa.
- There may be colonoscopy findings (e.g., colorectal cancer) outside these recommendations that require case management or endoscopist discretion regarding the surveillance interval.



Alberta Health Services

Alberta Colorectal Cancer Screening Program

- Individuals with more than 10 adenomas found on a single colonscopy have an increased risk for hereditary polyposis. Recommend colonoscopy in 1 year and genetic counselling.
- Consider Serrated Polyposis Syndrome (SPS) if the following criteria is met:
  1. at least five serrated lesions proximal to the rectum, with two or more that are >10mm or;
  2. more than 20 serrated lesions or polyps of any size distributed throughout the large bowel, with at least five proximal to the rectum.

All available pathology should be reviewed in determining SPS. Any serrated polyp subtype (HP, SSL, and TSA) is to be included in the final polyp count and the polyp count is cumulative over multiple colonoscopies.

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