# ACRCSP Screening-Related Colonoscopy Prioritization and Expected Wait Times

<table>
<thead>
<tr>
<th>Priority of Referral</th>
<th>Urgent</th>
<th>Moderate</th>
<th>Routine</th>
</tr>
</thead>
</table>
| **Reason for Referral** | Abnormal FIT  
Asymptomatic, average risk men and women aged 50 - 74 | Increased risk individuals overdue for screening or surveillance | Family history of colorectal cancer (CRC) and/or high risk adenomatous polyp(s)¹ |
| | | Polyp found on:  
- Sigmoidoscopy  
- CT Colonography | |
| | | Hereditary cancer syndromes³  
Hereditary Nonpolyposis Colorectal Cancer or Familial Adenomatous Polyposis | Personal History of:  
- CRC or  
- colonic adenomatous polyp(s)⁴ |
| **Colonoscopy Wait time⁵** | 60 days | 6 months | 12 months |

Notes:
1) High risk adenomatous polyps include: 3-10 adenomas, one adenoma ≥ 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.  