

ACRCSP Recommendations for Post-Polypectomy Surveillance

Initial Colonoscopy Findings	Recommendations for next test & interval	Subsequent colonoscopy for polyps/lesions requiring surveillance
Normal or no polyps	FIT screening in 10 years ⁱ	
Hyperplastic polyp(s) <10mm		
Hyperplastic polyp(s) ≥10mm	Colonoscopy in 3 years if proximal to sigmoid colon ⁱⁱ Colonoscopy in 5 years if in rectosigmoid	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
Adenoma		
1 - 2 tubular adenoma(s) <10 mm	FIT screening in 5 years	
3 - 4 tubular adenomas <10mm	Colonoscopy in 5 years	Consider return to FIT screening in five years.
5 - 10 tubular adenomas <10mm	Colonoscopy in 3 years	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
≥10mm in size		
Villous histology or high-grade dysplasia		
>10 tubular adenomas	Colonoscopy in 1 year and genetic counselling ⁱⁱⁱ	At endoscopist discretion
Sessile Serrated Lesion (SSL)		
1 - 2 SSL(s) <10 mm	Colonoscopy in 5 years	Consider return to FIT screening in five years.
3 - 10 SSLs <10mm	Colonoscopy in 3 years	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
≥10 mm in size (any number) [with] dysplasia (any size)		
Traditional serrated adenoma (any size)		
Serrated polyposis syndrome ^{iv}	Colonoscopy in 1 years	At endoscopist discretion
Piecemeal Resection		
Large (≥10mm) non-pedunculated polyp or lesion	Colonoscopy ^v in 6 months	If initial polyp was ≥20mm, next surveillance colonoscopy in 1 year. If no recurrence detected at resection site, subsequent colonoscopy surveillance in 3 years. If initial polyp was ≥10mm-19mm, next surveillance colonoscopy in 3 years ^{vi} . If no recurrence detected at resection site, subsequent colonoscopy surveillance in 5 years

ⁱ More than 20 hyperplastic polyps, especially if proximal to sigmoid colon, consider serrated polyposis syndrome^v

ⁱⁱ Hyperplastic polyp(s) ≥10mm proximal to sigmoid colon should be considered a sessile serrated lesion (SSL) with colonoscopy surveillance recommended in 3 years.

ⁱⁱⁱ Consider genetic testing referral. Patients with >10 adenomas found on a single colonoscopy have an increased risk for hereditary polyposis. Timely clearing colonoscopy is required to ensure that all adenomatous lesions have been removed.

^{iv} Serrated polyposis syndrome: 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.

^v For recto-sigmoid lesions, the choice of limited flexible sigmoidoscopy vs full colonoscopy is left to endoscopist's discretion.

^{vi} Consideration for 12-month follow-up if high grade dysplasia, resection required multiple passes or challenging position noted.