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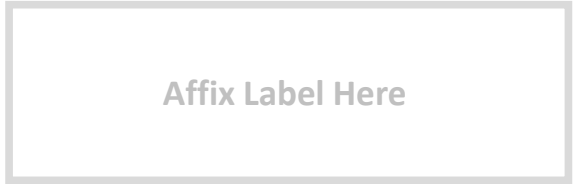


BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

Colon Screening Program



Follow up Recommendations

INSTRUCTIONS: Fax a copy to the Colon Screening Program: 1-604-297-9340

GP / NP

PATIENT NAME

DATE OF BIRTH (dd/mm/yy)

PHN

COLONOSCOPIST

COLONOSCOPY DATE (dd/mm/yy)

FOLLOW-UP DATE (dd/mm/yy)

Partial follow-up only (complete unplanned event section only), repeat colonoscopy required and was indicated on CRF

1) Unplanned Events

Did the patient require medical attention the day prior to the procedure or up to 14 days after colonoscopy?

No Yes Unable to contact *If yes, please complete Unplanned Event form*

2) Summarization of Colonoscopy Findings (Clinical/Pathology) *(Please select one option)*

Hyperplastic polyp removed, other findings or no polyps found (please specify):

- No family history of CRC or 1 first degree relative with CRC diagnosed after age 60 (FIT re-screening in 10 years)
- 1 first degree relative with CRC diagnosed before age 60 or 2 or more first degree relatives with CRC at any age (Repeat colonoscopy in 5 years)
- Personal history of adenoma(s) (Repeat colonoscopy in 5 years)

Adenoma removed (please specify):

- < 3 low risk adenomas (Repeat colonoscopy in 5 years)
- ≥ 3 low risk adenomas or high risk* polyps removed (Repeat colonoscopy in 3 years)

*A high risk polyp has villous features, high-grade dysplasia or is ≥ 10 mm. Sessile Serrated Adenomas with dysplasia and Traditional Serrated Adenomas are high risk.

Other (please specify):

- Colorectal adenocarcinoma identified: Recommendations per medical team. Patient no longer followed by Program.
- Inflammatory bowel disease identified: Recommendations per medical team. Patient no longer followed by Program.

3) Follow Up Recommendations *(Please select one option)*

- Follow up as per Colon Screening Program Re-Screening and Surveillance Guidelines (as above)
- Follow up deviates from Colon Screening Program Re-Screening and Surveillance Guidelines (as below)

Colonoscopy is recommended in _____ Months Years

Reason:

Incomplete Visualization: Adequacy of polypectomy uncertain Other: _____

Bowel prep _____

Cecum not intubated _____

Other _____

4) Other

- Patient required surgery for polyp removal
- Patient required CT colonography for complete visualization
- Normal CTC, FIT rescreening in 5 years

Patient Coordinator Name

Patient Coordinator Signature

Date Signed