Documentation Guide: Follow-Up Recommendations Form

Version 1.0
Colon Screening Program
BC Cancer Agency
May 16, 2014
Table of Contents

Audience........................................................................................................................................3

Introductions................................................................................................................................3

General Documentation Notes........................................................................................................3

Sample: Follow Up Recommendations Form................................................................................5

Follow-Up Date and Patient Identifiers..........................................................................................6

Colonoscopist Name, and Colonoscopy Date....................................................................................6

Unplanned Events...............................................................................................................................7

Follow-Up Recommendations as per Surveillance Guidelines.........................................................8

Deviation from Surveillance Guidelines............................................................................................9

Patient required Surgery/CT Colonography......................................................................................9

Patient Coordinator Identifiers..........................................................................................................10
Audience

This document contains descriptions of the data fields found on the Follow-Up Recommendations Form. It will assist Patient Coordinators with filling out the data fields found on the Follow-Up Recommendations Form.

Introduction

The Follow-Up Recommendations Form is completed by the Patient Coordinator for each patient that had a colonoscopy done, as part of the Colon Screening Program; the Follow-Up Recommendations Form has several purposes:

- It provides information to the BC Cancer Agency (BCCA) Colon Screening Program regarding any unplanned events/complications the patient may have had post-colonoscopy.
- It documents the clinical findings and the pathology findings (if any specimens were sent) of the patient’s colonoscopy.
- It outlines the next re-screening/surveillance interval that the colonoscopist recommends for the patient.
- It identifies if a patient required further follow-up (surgery for polyp removal or CT Colonography to complete visualization.

Once complete, the Follow-Up Recommendations form is faxed to the BC Cancer Agency (BCCA) Colon Screening Program and the data are entered into the Colon Screening Program database to update the patient’s record, ensuring that, where appropriate, the patient is recalled by the Colon Screening Program at the next recommended screening/surveillance interval.

Accurate documentation of data and completeness of the data fields on the Follow-Up Recommendation Form are important Patient Coordinator responsibilities. Do not fax the Follow-Up Recommendation form to the BCCA Colon Screening Program until documentation is complete. If the patient is waiting for an alternate test (e.g. CT colonography) to complete visualization of the colon, do not return the form until the results of the subsequent tests are known and a re-screening/surveillance interval can be identified. Follow-Up Recommendation Forms with missing documentation or conflicting documentation will be returned to the Patient Coordinator for correction.

General Documentation Notes

- Write neatly, and legibly. Make sure that writing is dark enough that it will be visible on the fax received at BCCA.
- The documentation that the Patient Coordinator provides on the Follow-Up Recommendations form is used by BCCA to create the Follow Up Recommendation Notification letter that is sent to the patient’s family physician, the colonoscopist, and the Patient Coordinator.
- The Unplanned Events portion of the Follow-Up Recommendations form can be completed 14 days after the patient had his/her colonoscopy. Ideally, follow-up should be completed between 14 to 30 days after the patient had his/her colonoscopy to ensure that events can be appropriately recalled by the patient.
- The Follow Up Recommendations portion of the form can be completed:
  - After colonoscopy – if no specimens were taken during the colonoscopy
o After the Patient Coordinator reviews the pathology report – if specimens were taken during the colonoscopy.

o After the Patient Coordinator reviews the radiology report – if CT Colonography was required to completely visualize the colon.

o After the Patient Coordinator reviews the surgical pathology report – if the patient required surgery for polyp removal.
Follow up Recommendations

INSTRUCTIONS: Fax a copy to the Colon Screening Program

FOLLOW UP DATE (dd/mm/yy)

PATIENT NAME

DATE OF BIRTH

PHN

GP NAME

COLONOSCOPIST

COLONOSCOPY DATE (dd/mm/yy)

Any UNPLANNED EVENTS requiring medical attention the day prior to the procedure or up to 14 days after colonoscopy? □ No □ Yes □ Unknown  If yes, please complete Unplanned Event form

Follow-up Recommendations as per Re-Screening and Surveillance Guidelines

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.
□ Adenoma identified at last prior screening episode: 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.
*High risk polyps: without features: high grade dysplasia or n=10mm or ≥ 1 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 Colon Screening Program.
□ Inflammatory bowel disease identified: Recommendations per medical team. Patient no longer followed by Colon Screening Program.

Deviation from Re-Screening and Surveillance Guidelines

Please complete if patient is NOT going to follow standard guidelines

Due to colonoscopy limitations or other concerns, colonoscopy is recommended in ________ Months □ Years
□ Adequacy of polypectomy uncertain □ Multiple relatives with CRC
□ Incomplete Visualization: □ Cecum not intubated □ Bowel prep □ Other ____________
□ Other ____________

□ Patient required surgery for polyp removal □ Patient required CTC for complete visualization

Patient Coordinator Name: ___________________________ Patient Coordinator Signature: ___________________________ Patient Coordinator Contact Number: ___________________________

Page 1 of 1
VERSION: 04SEP2013
# Follow-Up Date and Patient Identifiers

**Follow Up Date**
- Enter the date of follow up, using the dd/mm/yy format.

**Addressograph/ Label**
- Space for a hospital addressograph or hospital label is provided in the top right hand corner of the form.
- If a legible hospital label is used, you do not need to enter the Patient Name, Date of Birth, and PHN data at the data fields below.
- If an addressograph is used, you need to fill out the Patient Name, Date of Birth, and PHN data at the data fields below, as addressographed information is often illegible on the faxed copy.

**Patient Name**
- Enter the patient’s first name and surname

**Date of Birth**
- Enter the patient’s date of birth, using the dd/mm/yy format

**PHN**
- Enter the patient’s personal health number

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# Colonoscopist Name, and Colonoscopy Date

**Colonoscopist Name**
- Enter the name of the colonoscopist who performed the colonoscopy

**Colonoscopy Date**
- Enter the date the colonoscopy was performed, using the dd/mm/yy format

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**Note:** Follow Up Date must be provided and a minimum of 2 patient identifiers must be provided.

<table>
<thead>
<tr>
<th>Follow Up Date</th>
<th>• Enter the date of follow up, using the dd/mm/yy format.</th>
</tr>
</thead>
</table>
| Addressograph/ Label | • Space for a hospital addressograph or hospital label is provided in the top right hand corner of the form.  
  • If a legible hospital label is used, you do not need to enter the Patient Name, Date of Birth, and PHN data at the data fields below.  
  • If an addressograph is used, you need to fill out the Patient Name, Date of Birth, and PHN data at the data fields below, as addressographed information is often illegible on the faxed copy. |
| Patient Name | • Enter the patient’s first name and surname |
| Date of Birth | • Enter the patient’s date of birth, using the dd/mm/yy format |
| PHN | • Enter the patient’s personal health number |

**Note:** Colonoscopist Name and Colonoscopy Date must be provided.
### Unplanned Events

Unplanned Events

<table>
<thead>
<tr>
<th>Note: Unplanned Events must be completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned Events</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

For patients who require a repeat colonoscopy, please note that you only need to partially complete a Follow-Up Recommendations form after the patient’s colonoscopy, as BCCA is interested in whether the patient experienced any unplanned events. Partial form completion consists of documenting the following data: follow up date, patient identifiers, GP name, Colonoscopist name, colonoscopy date, unplanned events, and Patient Coordinator identifiers. Fax the partially completed Follow-Up Recommendations form to BCCA. After the patient returns for their repeat colonoscopy, you will need to complete an additional Follow-Up Recommendations form, with full documentation of all required data fields, and fax this to BCCA. Once the screening cycle is complete, the full documentation will be entered in the database and will be used to recall the patient at their next recommended re-screening/surveillance interval.
### Follow-Up Recommendations as per Surveillance Guidelines

**Follow-up Recommendations as per Re-Screening and Surveillance Guidelines**

**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.
- Adenoma identified at last prior screening episode: 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.
- High risk polyps (without features, high grade dysplasia of ≥ 4 mL, 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 Colon Screening Program.
- Inflammatory bowel disease identified: Recommendations per medical team. Patient no longer followed by Colon Screening Program.

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**Note:** For ALL patients, based on the colonoscopy findings, one of the check boxes from the following selections must be checked. Forms that are missing this information will be returned to the Patient Coordinator.

| Hyperplastic polyp removed, other findings, or no polyps found | • For patients whose colonoscopy findings indicate that no polyps were found, hyperplastic polyps were removed or other non-adenomatous findings (e.g. inflammation or juvenile polyp); please review if the patient has a family history for CRC or a previous history of adenoma. Based on this information, select one check box from the three “Hyperplastic polyp removed, other findings, or no polyps found” check box options. |
| Adenoma removed | • For patients whose colonoscopy findings indicate that one or more adenomas were removed, please review the pathology results and select one check box from the two “Adenoma removed” check box options.  
• If a patient has 3 polyps removed at the time of colonoscopy and 2 of the polyps are adenomas and the 3rd polyp was not retrieved during colonoscopy – treat the patient as high risk, the surveillance interval would be 3 years. |
| Other | • For patients whose colonoscopy findings indicate that either colorectal adenocarcinoma or inflammatory bowel disease was identified, select one check box from the two “Other” check box options.  
• Patients who are identified with colorectal adenocarcinoma or Crohn’s Colitis or Ulcerative Colitis are not eligible for the Colon Screening Program due to the personal nature of their diagnosis and their unique follow-up requirements. Ongoing screening and follow-up is recommended but needs to occur outside of the program.  
• BCCA will send a Follow Up Recommendation Notification letter to the patient’s family physician indicating clearly that the patient will not be followed by the Colon Screening Program. |

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Documentation Guide: Follow-Up Recommendations Form  
Page 8 of 10
Deviation from Surveillance Guidelines

<table>
<thead>
<tr>
<th>Deviation from Re-Screening and Surveillance Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete if patient is NOT going to follow standard guidelines</td>
</tr>
<tr>
<td>Due to colonoscopy limitations or other concerns, colonoscopy is recommended in ____________ □ Months □ Years</td>
</tr>
<tr>
<td>□ Adequacy of polypectomy uncertain □ Multiple relatives with CRC</td>
</tr>
<tr>
<td>□ Incomplete Visualization: Cecum not intubated □ Bowel prep □ Other _________________________________</td>
</tr>
<tr>
<td>□ Other _________________________________</td>
</tr>
</tbody>
</table>

Note: When a deviation from the standard re-screening and surveillance guidelines has been documented for a patient, please ensure that one of the “colonoscopy findings” (e.g. no polyps found; adenoma removed, or other) check boxes have also been documented for the patient.

Deviation from Re-Screening and Surveillance Guidelines

- If there were colonoscopy limitations or other concerns identified and the colonoscopist feels that the standard Re-Screening and Surveillance Guidelines are not suitable for the patient, complete the Deviation from Re-Screening and Surveillance Guidelines portion of the Follow-Up Recommendations form.
- Document the number of months or years when the colonoscopist has recommended the patient have their next colonoscopy done.
- Document the reason for the deviation from the standard Re-Screening and Surveillance Guidelines by selecting one of the “reason” check boxes. Deviation reasons include:
  - Adequacy of polypectomy uncertain
  - Incomplete visualization (due to)
    - Cecum not intubated
    - Bowel prep
    - Other (please describe)
  - Other (please describe)

Patient required Surgery/CT Colonography

- Check this box if the patient required surgery to complete the polypectomy.
- Check this box if the patient required CT Colonography to complete colon visualization.
### Patient Coordinator Identifiers

<table>
<thead>
<tr>
<th>Patient Coordinator Name</th>
<th>Patient Coordinator Signature</th>
</tr>
</thead>
</table>

- **Patient Coordinator Name and Patient Coordinator Signature** must be documented on all Follow-Up Recommendations Forms faxed to BCCA.