



BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

Colon Screening Program

BC Cancer Agency
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Documentation Guide: Follow-Up Recommendations Form

Version 1.0

Colon Screening Program

BC Cancer Agency

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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

- After the Patient Coordinator reviews the pathology report – if specimens were taken during the colonoscopy.
- After the Patient Coordinator reviews the radiology report – if CT Colonography was required to completely visualize the colon.
- After the Patient Coordinator reviews the surgical pathology report – if the patient required surgery for polyp removal.

Sample: Follow Up Recommendations Form



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.
*A high risk polyp has villous features, high-grade dysplasia or is ≥ 10 mm. sessile serrated Adenomas with dysplasia and irregular 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

Follow-Up Date and Patient Identifiers



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Colon Screening Program

Follow up Recommendations

INSTRUCTIONS: Fax a copy to the Colon Screening Program

PATIENT NAME

DATE OF BIRTH

PHN

FOLLOW UP DATE (dd/mm/yy)

Note: Follow Up Date must be provided and a minimum of 2 patient identifiers must be provided.	
Follow Up Date	<ul style="list-style-type: none"> Enter the date of follow up, using the dd/mm/yy format.
Addressograph/ Label	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Enter the patient's first name and surname
Date of Birth	<ul style="list-style-type: none"> Enter the patient's date of birth, using the dd/mm/yy format
PHN	<ul style="list-style-type: none"> Enter the patient's personal health number

Colonoscopist Name, and Colonoscopy Date

COLONOSCOPIST
COLONOSCOPY DATE (dd/mm/yy)

Note: Colonoscopist Name and Colonoscopy Date must be provided.	
Colonoscopist Name	<ul style="list-style-type: none"> Enter the name of the colonoscopist who performed the colonoscopy
Colonoscopy Date	<ul style="list-style-type: none"> Enter the date the colonoscopy was performed, using the dd/mm/yy format

Unplanned Events

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*

Note: Unplanned Events must be completed.

<p>Unplanned Events</p>	<ul style="list-style-type: none"> • The Unplanned Events section of the form should 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. • Select one of the No, Yes, or Unknown check boxes, to identify any colonoscopy related complications that the patient experienced, that required medical attention, either the day before their colonoscopy (e.g. bowel prep related complications), or during the 14 day post-colonoscopy period. • For patients who experienced colonoscopy related complications, that required medical attention, in addition to checking the Yes check box, you will need to fill out a <i>Pre/Post Colonoscopy Unplanned</i> events form. Once you have completed the <i>Pre/Post Colonoscopy Unplanned</i> events form, fax a copy to the BCCA Colon Screening Program at the same time that you fax BCCA a copy of the Follow-Up Recommendations form. • The Unknown check box should only be selected when, after multiple attempts, you have been unable to reach the patient to conduct follow up.
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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

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.
*A high risk polyp has villous features, high-grade dysplasia or is ≥ 10mm. sessile serrated Adenomas with dysplasia and /or atypical 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.

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 and that further follow-up will need to be arranged by them.
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Deviation from Surveillance Guidelines

Deviation from Re-Screening and Surveillance Guidelines <i>Please complete if patient is NOT going to follow standard guidelines</i>	
Due to colonoscopy limitations or other concerns, colonoscopy is recommended in _____	<input type="checkbox"/> Months <input type="checkbox"/> Years
<input type="checkbox"/> Adequacy of polypectomy uncertain	<input type="checkbox"/> Multiple relatives with CRC
<input type="checkbox"/> Incomplete Visualization: <input type="checkbox"/> Cecum not intubated <input type="checkbox"/> Bowel prep <input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Adequacy of polypectomy uncertain ○ Incomplete visualization (due to) <ul style="list-style-type: none"> ▪ Cecum not intubated ▪ Bowel prep ▪ Other (please describe) ○ Other (please describe)
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Patient required Surgery/CT Colonography

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

Note: The information below will be used to assess the downstream resource implications of the program and will help the program to ensure that participants are receiving the follow-up required for incomplete colonoscopies.

Patient required surgery for polyp removal	<ul style="list-style-type: none"> • Check this box if the patient required surgery to complete the polypectomy.
Patient required CTC for complete visualization	<ul style="list-style-type: none"> • Check this box if the patient required CT Colonography to complete colon visualization.

Patient Coordinator Identifiers

Patient Coordinator Name

Patient Coordinator Signature

Patient Coordinator Name and Patient Coordinator Signature	<ul style="list-style-type: none">• Patient Coordinator Name and Patient Coordinator Signature must be documented on all Follow-Up Recommendations Forms faxed to BCCA
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