BC CANCER COLON SCREENING
Provincial Health Services Authority

Documentation Guide:

Colonoscopy Follow Up Form

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Contents

Audience

The Health Authority Staff responsible for completing the Colonoscopy Follow Up Form for each client that had a colonoscopy, as part of the Colon Screening Program.

Introduction

Colonoscopy Follow Up Form instructions are provided in this document to ensure standardization and promote consistent data collection across B.C. The documentation provided on the Colonoscopy Follow Up Form is used by BC Cancer to create the Follow-up Recommendation Notification letter that is sent to the patient's Primary Care Provider, the colonoscopist, and the Health Authority Service Centre staff. The data on these forms is used to report on program indicators including: Health Authority Quality Reports Colonoscopist Quality Reports, and follow up recommendation information is used as the source for recalling patients within the program.

The Unplanned Events portion of the Colonoscopy Follow Up Form can be completed 14 days after the patient had their colonoscopy. Ideally, follow-up should be completed between 14 to 30 days after the patient had their 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 pathology report is reviewed – if specimens were taken during the colonoscopy.
- After the radiology report is reviewed – if CT Colonography was required to completely visualize the colon.
- After the surgical pathology report is reviewed – if the patient required surgery for polyp removal.

Once complete, fax the Colonoscopy Follow Up Form to the BC Cancer Colon Screening Program and the data will be entered into the Colon Screening Program database to update the patient's record. This ensures that, where appropriate, the patient is recalled by the Colon Screening Program at the next recommended re-screening/surveillance interval.

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.

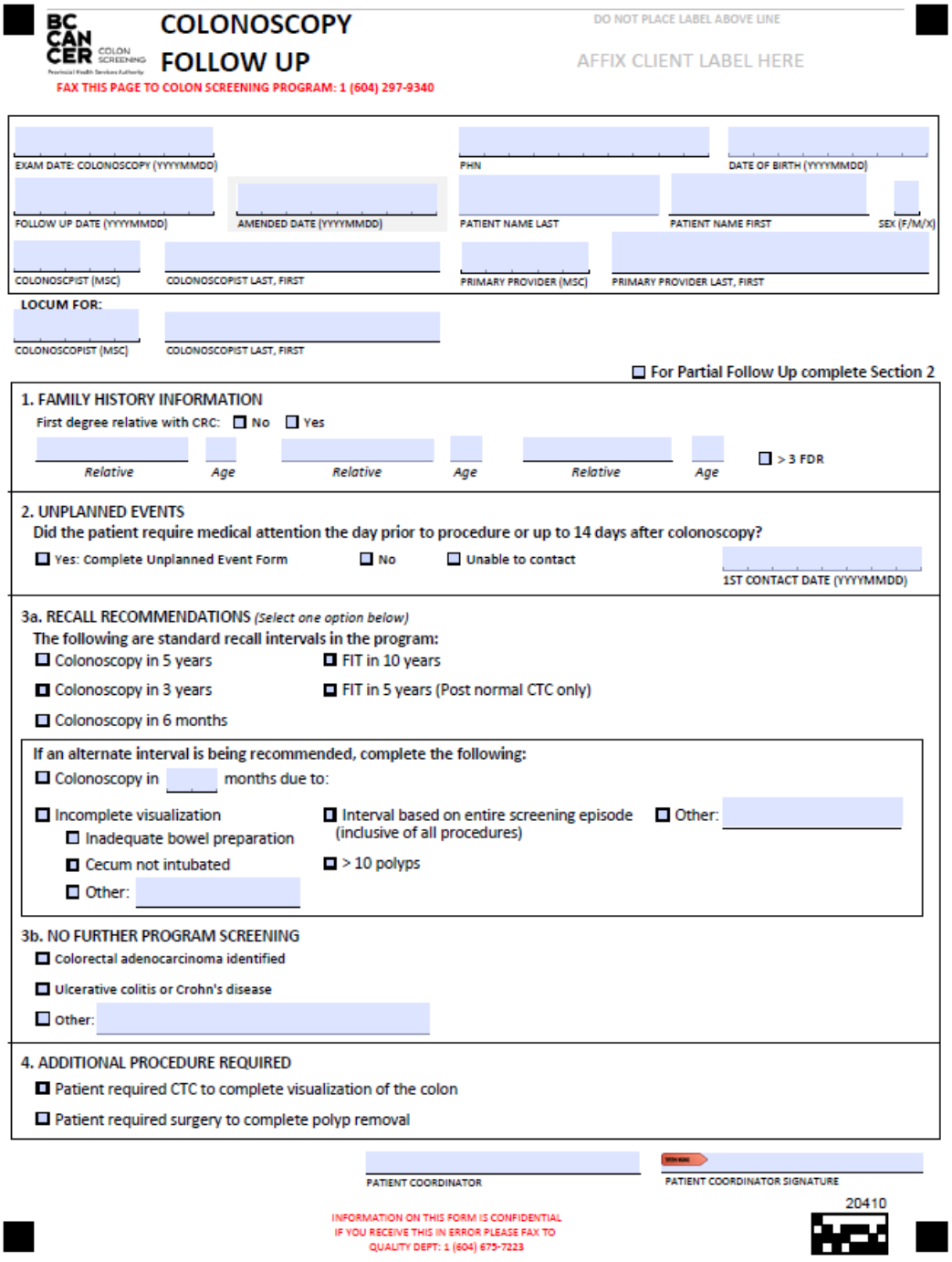
Please do not fax the Colonoscopy Follow Up Form to the BC Cancer Colon Screening Program until documentation is complete**.** Colonoscopy Follow Up Forms with missing documentation or conflicting documentation will be returned for correction.

General Instructions

- Write neatly and legibly.
- Fax completed colon forms to (604) 297-9340.
- Please do not fax corresponding pathology forms into the Colon Screening Program.

Fields described below that are italicized will not be used by the Colon Screening Program and are for local use/clinical documentation as required.

Sample of Colonoscopy Follow Up Form



COLONOSCOPY FOLLOW UP

DO NOT PLACE LABEL ABOVE LINE

AFFIX CLIENT LABEL HERE

FAX THIS PAGE TO COLON SCREENING PROGRAM: 1 (604) 297-9340

EXAM DATE: COLONOSCOPY (YYYYMMDD) | PHN | DATE OF BIRTH (YYYYMMDD)

FOLLOW UP DATE (YYYYMMDD) | AMENDED DATE (YYYYMMDD) | PATIENT NAME LAST | PATIENT NAME FIRST | SEX (F/M/X)

COLONOSCPIST (MSC) | COLONOSCOPIST LAST, FIRST | PRIMARY PROVIDER (MSC) | PRIMARY PROVIDER LAST, FIRST

LOCUM FOR:

COLONOSCOPIST (MSC) | COLONOSCOPIST LAST, FIRST

☐ For Partial Follow Up complete Section 2

1. FAMILY HISTORY INFORMATION

First degree relative with CRC: ☐ No ☐ Yes

Relative *Age* *Relative* *Age* *Relative* *Age* ☐ > 3 FDR

2. UNPLANNED EVENTS

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

☐ Yes: Complete Unplanned Event Form ☐ No ☐ Unable to contact

1ST CONTACT DATE (YYYYMMDD)

3a. RECALL RECOMMENDATIONS *(Select one option below)*

The following are standard recall intervals in the program:

☐ Colonoscopy in 5 years ☐ FIT in 10 years

☐ Colonoscopy in 3 years ☐ FIT in 5 years (Post normal CTC only)

☐ Colonoscopy in 6 months

If an alternate interval is being recommended, complete the following:

☐ Colonoscopy in ____ months due to:

☐ Incomplete visualization
- ☐ Inadequate bowel preparation
- ☐ Cecum not intubated
- ☐ Other:

☐ Interval based on entire screening episode (inclusive of all procedures)

☐ > 10 polyps

☐ Other:

3b. NO FURTHER PROGRAM SCREENING

☐ Colorectal adenocarcinoma identified

☐ Ulcerative colitis or Crohn's disease

☐ Other:

4. ADDITIONAL PROCEDURE REQUIRED

☐ Patient required CTC to complete visualization of the colon

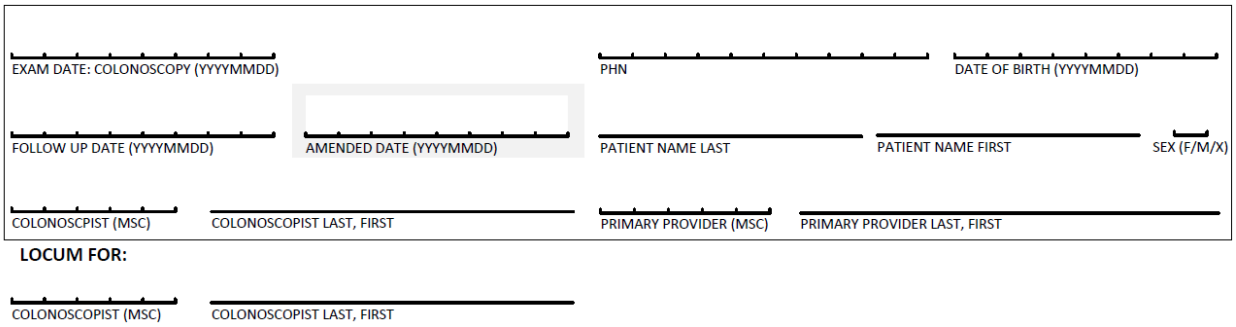
☐ Patient required surgery to complete polyp removal

PATIENT COORDINATOR | PATIENT COORDINATOR SIGNATURE

INFORMATION ON THIS FORM IS CONFIDENTIAL
IF YOU RECEIVE THIS IN ERROR PLEASE FAX TO
QUALITY DEPT: 1 (604) 675-7223

20410

Patient/Provider Identifiers



Patient Label REQUIRED FIELD	• 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 into the data fields below. • If an addressograph is used, you need to fill out the Patient Name, Date of Birth, and PHN data in the data fields below it, as addressograph information is often illegible on the faxed copy.
Exam Date: Colonoscopy REQUIRED FIELD	• Enter the date the colonoscopy was performed in YYYYMMDD format.
Follow Up Date REQUIRED FIELD	• Enter the date the form was completed and sent to the Colon Screening Program in YYYYMMDD format. If unable to contact the patient, this date may be the last date that was used to attempt to contact patient.
Amended Date	• If you previously sent in a Colonoscopy Follow Up Form on a patient and would like to change something on the form, complete the amended date on the form and clearly indicate the changes you are making. • Use the YYYYMMDD format for the amended date. • If you are not amending a form, leave this blank.
Colonoscopist MSC REQUIRED FIELD	• Enter the 5 digit MSC of the colonoscopist who performed the colonoscopy.
Colonoscopist Last, First REQUIRED FIELD	• Enter the last name and first name (and initial if provided) in block letters, of the colonoscopist who performed the colonoscopy.
Locum for: Colonoscopist MSC	• If the colonoscopist was a locum for a regular colonoscopist, enter the 5 digit MSC number of the regular colonoscopist who was being covered by the locum.
Locum for: Colonoscopist Last, First	• If the colonoscopist was a locum for a regular colonoscopist, enter the first and last name, in block letters, of the regular colonoscopist who was being covered by the locum. • This will ensure Follow-up Letter documentation and any other correspondence goes to the office of the provider who was being covered by the locum, and not to the locum.
PHN REQUIRED FIELD	• Indicate the patient's personal health number. • If the patient does not have a personal health number, indicate the alternate health number.
Date of Birth REQUIRED FIELD	• Indicate the patient's date of birth using the YYYYMMDD format.
Patient Name Last REQUIRED FIELD	• Indicate the patient's last name in block letters
Patient Name First REQUIRED FIELD	• Indicate the patient's first name in block letters
Sex REQUIRED FIELD	• Indicate sex of patient either F, M or X.

Primary Provider MSC REQUIRED FIELD	• Indicate the primary provider's 5 digit MSC number.
Primary Provider Last, First REQUIRED FIELD	• Indicate the primary provider's last and first name in block letters.

Family History Information

If the patient has any first degree relatives who were diagnosed with colorectal cancer, at any age, then the Family History Information section should be completed to list the youngest three relatives. Relatives with HNPCC are not required to be listed.

1. FAMILY HISTORY INFORMATION

First degree relative with CRC: ☐ No ☐ Yes

_____ *Relative* ____ *Age* _____ *Relative* ____ *Age* _____ *Relative* ____ *Age* ☐ > 3 FDR

First degree relative with CRC	• Select ONE of the No or Yes, to indicate if the patient has any first degree relatives (FDR) (i.e. parent, full sibling or child) diagnosed with colorectal cancer. • For those whose family history is unknown, (e.g. adopted patients with no records of family history), select No.
Relative	• Enter the type of relationship (mother, father, brother, sister, son, daughter) and the age of CRC diagnosis for up to three of the youngest diagnosed first degree relatives. •
Age	• Enter the age the relative was diagnosed with colorectal cancer. • If a specific age is unknown, enter an approximate 5 year range (e.g. 50-54).
> 3 FDR	• Select this box if the patient has more than 3 FDRs with CRC. Ensure the relationship and age of the youngest three relatives is documented in detail in the Relative and Age lines to the left of this box.

Unplanned Events and Partial Follow Up

Unplanned Events are to be document for each colonoscopy completed, even if the screening cycle is not complete. If further colonoscopies or other procedures are needed before being able to determine when the next referral should be generated by the Colon Screening Program, complete the Colonoscopy Follow Up Form with only the unplanned events section completed. This is considered a "partial follow-up".

☐ **For Partial Follow Up complete Section 2**

2. UNPLANNED EVENTS

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

☐ Yes: Complete Unplanned Event Form ☐ No ☐ Unable to contact

_____ 1ST CONTACT DATE (YYYYMMDD)

Partial Follow Up Check-box	• *A partial follow-up only provides information about any unplanned events from a colonoscopy and does not provide follow-up recommendations to the Colon Screening Program for subsequent referrals for further colonoscopies.* • *It is expected that if this box is being selected that further colonoscopy reporting forms will be sent in for the patient and a Colonoscopy Follow Up Form with recommendations will be sent once the screening episode for the patient is complete.* • *If this box is selected, another referral will not be generated for the next colonoscopy, it's assumed this is being re-booked locally.* • Select the box if completing the form for a partial follow-up (e.g. patient had colonoscopy and has been rebooked for another procedure and follow-up recommendation will be provided once subsequent colonoscopies are complete).

	• The Partial Follow Up is used to document any unplanned events related to the Exam Date indicated in the header of the form.
Unplanned Events	• Complete 14 – 30 days after the patient had their colonoscopy. Two methods of contact, separated by a two week interval, is the minimum requirement for contacting participants for post-colonoscopy follow-up.
Did the patient require medical attention the day prior to the procedure or up to 14 days after colonoscopy?	• Select ONE of No, Yes, or Unable to contact, 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, complete a Pre/Post Colonoscopy Unplanned Events Form. Once you have completed the Pre/Post Colonoscopy Unplanned Events Form, fax a copy to the BC Cancer Colon Screening Program at the same time that you fax a copy of the Colonoscopy Follow Up Form. • The Unable to Contact check-box should only be selected when, after two attempts, using two different methods of contact, you have been unable to reach the patient to conduct follow-up.
1st Contact Date	• Enter the date the patient was first attempted to be contacted regarding unplanned events and follow-up recommendations in YYYYMMDD format.

Full Follow Up

For full follow-up, complete all sections of the Colonoscopy Follow Up Form. A full follow-up would be completed when recommendations for subsequent recall are known. This will be used to generate a referral for colonoscopy when due or a recall notice to the patient for FIT depending on the recommendation for the patient. as applicable to provide follow up recommendations. The recall recommendation chosen should be based on the Colonoscopy Follow-Up Reference Guide (Appendix A).

A selection in section 3 is always required.

3a. RECALL RECOMMENDATIONS *(Select one option below)*

The following are standard recall intervals in the program:

☐ Colonoscopy in 5 years ☐ FIT in 10 years

☐ Colonoscopy in 3 years ☐ FIT in 5 years (Post normal CTC only)

☐ Colonoscopy in 6 months

Colonoscopy in x years:	• If the recommendation being requested is consistent with recommendations in the Colonoscopy Standards, select the interval for colonoscopy recommended by the Colonoscopy Follow-Up Reference Guide (see appendix A) based on the most recent colonoscopy that occurred in the program. • If recommendations are being made based on multiple procedures or outside the recommendation guidelines, use the Alternate Interval Recommendation section below.
FIT in 10 years	• Select the interval for FIT recommended by the Colonoscopy Follow-Up Reference Guide (see appendix A) based on the most recent colonoscopy that occurred in the program. • If recommendations are being made based on multiple procedures or outside the recommendation guidelines, use the Alternate Interval Recommendation section below.
FIT in 5 years	• Select the interval for FIT recommended by the Colonoscopy Follow-Up

	Reference Guide (see appendix A) based on the most recent colonoscopy that occurred in the program ONLY if the patient required a CT Colonoography to complete visualization of the colon and the results were normal. • If recommendations are being made based on multiple procedures or outside the recommendation guidelines, use the Alternate Interval Recommendation section below.

Alternate Interval Recommendation

Only enter an alternate interval recommendation if the interval is more than 3 months from the completed colonoscopy. If the interval required is less than 3 months, use local processes to re-book the patient for the next procedure, complete a Partial Follow-up only to document unplanned events related to the procedure and provide the Colonoscopy Reporting Form and Full Follow-up with recommendations when the patient's next scope is complete.

Use the Alternate Interval Recommendation if the requested interval is different than what is outlined in the Colonoscopy Follow-Up Reference Guide based on pathology found (or no specimens taken) at the time of the procedure.

If an alternate interval is being recommended, complete the following: ☐ Colonoscopy in ____ months due to: ☐ Incomplete visualization ☐ Inadequate bowel preparation ☐ Cecum not intubated ☐ Other: _____ ☐ Interval based on entire screening episode (inclusive of all procedures) ☐ > 10 polyps ☐ Other: _____	
Alternate Interval Recommendation Colonoscopy in x months due to:	• Select this option if the patient requires follow-up at a non-standard interval that is more than 3 months from the time of the completed colonoscopy. • Only colonoscopy recall can be requested at a non-standard interval. Requests for FIT earlier than 10 years after a normal colonoscopy, or different from 5 years after a normal CTC, will not be entered in the application and must be managed outside of the program. Refer to Colonoscopy Standards. • Enter the requested recall interval for colonoscopy in months. • Note – requests for 6 month follow-up for patients with a high-risk lesion removed piecemeal is considered a standard interval and should be selected in Section 3a of the form. Any other reason for a 6 month repeat interval should be requested in this alternate interval section of the form. • Select the reason for the alternate recall interval.
Incomplete Visualization	• Select this option if the entire colon could be not visualized at the time of colonoscopy and the patient needs to re-referred for a colonoscopy in more than 3 months. • Select the reason for the incomplete visualization: Inadequate bowel prep, cecum not intubated, other (please describe as related to the incomplete visualization specifically).
Interval based on entire screening episode (inclusive of all procedures)	• Select this option if the patient had multiple procedures (recorded in or out of the Colon Screening Program) to clear all polyps, complete visualization of the colon or ensure complete polyp removal. • All calculations are based on the "EXAM DATE: COLONOSCOPY" indicated in the header of the form and not the date of any previous or subsequent procedures. • The recall interval is determined by assessing all the procedures completed for the patient and not necessarily the pathology outcomes of the first or last

	procedure. • Examples may include: *1st scope in program = 01JAN2021, 2nd scope outside program = 01MAR2021. Patient is to be recalled 3 years from second scope as per colonoscopist request. Full Follow Up Form based on 01JAN2021 scope date and total recall interval accounts for scope outside program = 36 months (1st scope) + 2 months (2nd scope outside program) = 38 months alternate interval from 1st scope.* ○ *Patient had a full scope with piecemeal resection of high risk polyp and then had a follow-up scope to check the excision site of the high risk polyp. The entire colon was not visualized. The patient needs to be recalled in XX months from the first (full) colonoscopy.* ○ *Patient had incomplete colonoscopy and went on to have CTC. CTC had findings and another scope was completed outside of the program to remove adenomas. The patient needs to be recalled in XX months from the initial incomplete colonoscopy, per colonoscopist recommendations.* ○ *Patient had a colonoscopy that showed an unresectable large polyp, no other findings. Surgical resection was a high risk lesion. The patient needs to be recalled in 12 months from the colonoscopy, per colonoscopist recommendations.*
> 10 polyps	• Select this option if the patient had > 10 pre-cancerous polyps removed during colonoscopy. Once the colon is cleared of polyps, the patient should return for a surveillance colonoscopy in one year. Refer to Colonoscopy Standards.
Other	• Select this option if the reason for an alternate interval is not one of the above three reason types. • If the recommendation for the patient will not match the risk category based on pathology removed (or no specimens taken) according to the Colonoscopy Follow-Up Reference Guide (see appendix A), this section can be used to indicate a "Mismatch Recommendation." By documenting the recommendation as an alternate recommendation the case will not be captured by the regular auditing process that checks for mismatches between colonoscopy/pathology outcome data and recommendations for the patient. *Example: Patient had three polyps removed during colonoscopy and one of the polyps was not retrieved. The other two polyps were adenomas and it was presumed the third polyp would have been an adenoma also. Use this section to recall the patient in 3 years. The pathology information on file would indicate a low-risk patient recommendation, which would typically require a five year interval. Documenting the recall as an alternate will demonstrate the shorter interval being recommended was intentional.*

No Further Program Participation

3b. NO FURTHER PROGRAM SCREENING ☐ Colorectal adenocarcinoma identified ☐ Ulcerative colitis or Crohn's disease ☐ Other: _____	
Colorectal adenocarcinoma identified	• Check this box for patients whose colonoscopy, or subsequent procedure (e.g. surgery) findings, indicated colorectal adenocarcinoma was identified. • Patients with a personal history of colon cancer are not recalled by the Colon

	Screening Program for any further follow-up.
Ulcerative colitis or Crohn's disease	• Check this box for patients whose clinical findings by the colonoscopist indicated Ulcerative colitis or Crohn's disease through their screening or follow-up. • Patients with a personal history of Ulcerative colitis or Crohn's disease are not recalled by the Colon Screening Program for any further follow-up and should obtain care from their specialist. • A diagnosis of Ulcerative colitis or Crohn's disease cannot be made based on pathology results alone. This diagnosis would be made by the colonoscopist taking into consideration multiple factors.
Other	• Select this option if the reason for no further program screening is not one of the above two reason types. • Do not select this option to transfer a patient after completing colonoscopy. Transfers must be requested using the Referral Update Form and can be done at time of next referral. • Examples may include: ○ *Patient declined booking repeat scope and no longer wishes to participate in the program.* ○ *The patient's subsequent procedure has been booked directly by the colonoscopist and the patient's next follow-up is not known.*

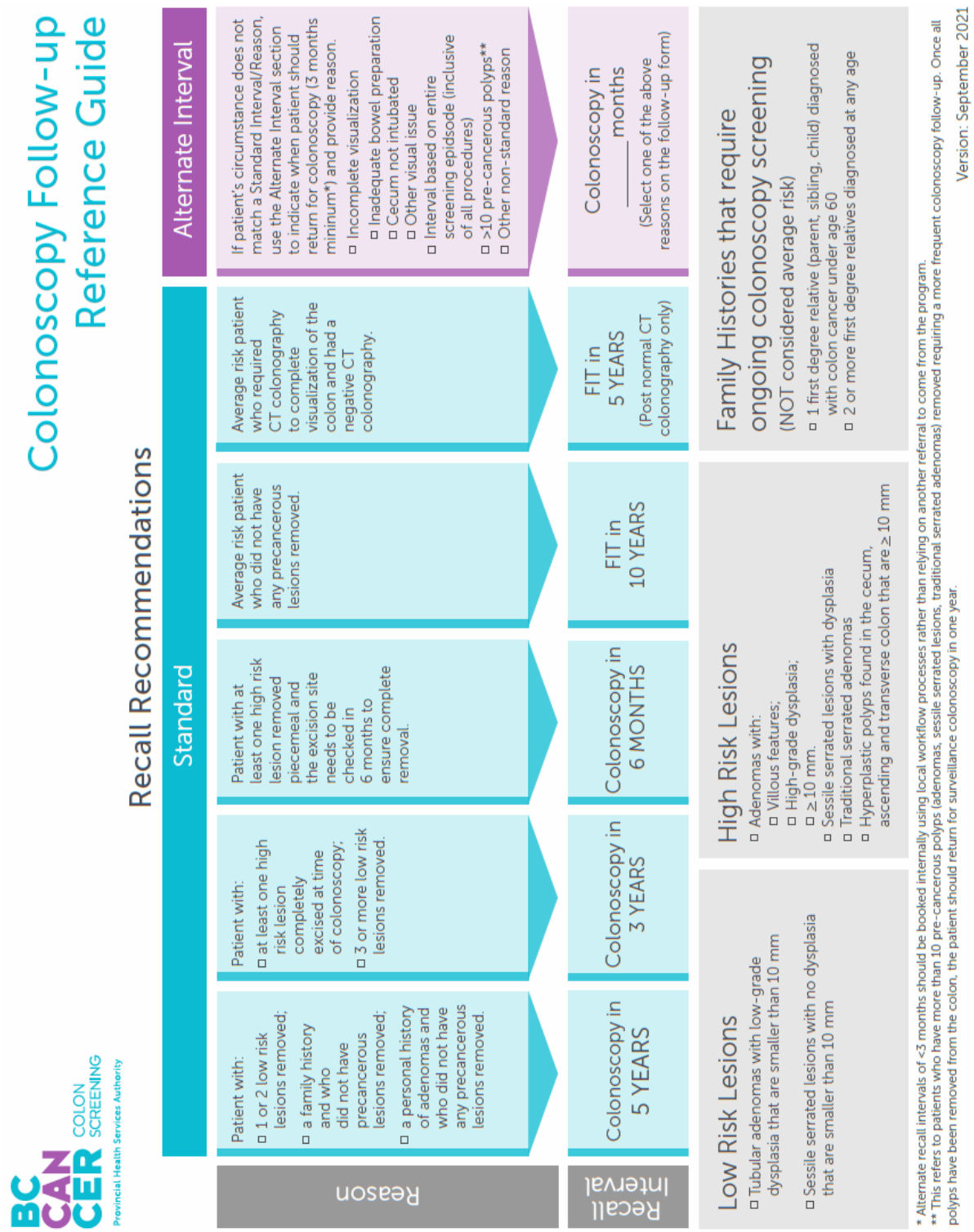
Additional Procedure Required

4. ADDITIONAL PROCEDURE REQUIRED ☐ Patient required CTC to complete visualization of the colon ☐ Patient required surgery to complete polyp removal	
Patient required CT colonography for complete visualization	• Select this option if the patient required CT Colonography to complete colon visualization. • Select FIT in 5 years (Post normal CTC only) indicated in Section 3a, if the patient was referred for abnormal FIT, and both the colonoscopy and CT Colonography were negative (given no family history of CRC or personal history of adenomas).
Patient required surgery to complete polyp removal	• Check this box if the patient required surgery to complete the polypectomy.

Patient Coordinator Identifiers

PATIENT COORDINATOR	PATIENT COORDINATOR SIGNATURE
Patient Coordinator Name	• Enter Health Authority Staff Name who completed the form.
Patient Coordinator Signature	• Sign the form.

Appendix A


Colonoscopy Follow-up Reference Guide
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Recall Recommendations
Standard
Alternate Interval
Reason
Recall Interval
Patient with:
□ 1 or 2 low risk lesions removed;
□ a family history and who did not have precancerous lesions removed;
□ a personal history of adenomas and who did not have any precancerous lesions removed.
Colonoscopy in 5 YEARS
Patient with:
□ at least one high risk lesion completely excised at time of colonoscopy;
□ 3 or more low risk lesions removed.
Colonoscopy in 3 YEARS
Patient with at least one high risk lesion removed piecemeal and the excision site needs to be checked in 6 months to ensure complete removal.
Colonoscopy in 6 MONTHS
Average risk patient who did not have any precancerous lesions removed.
FIT in 10 YEARS
Average risk patient who required CT colonography to complete visualization of the colon and had a negative CT colonography.
FIT in 5 YEARS
(Post normal CT colonography only)
If patient's circumstance does not match a Standard Interval/Reason, use the Alternate Interval section to indicate when patient should return for colonoscopy (3 months mininum*) and provide reason.
□ Incomplete visualization
□ Inadequate bowel preparation
□ Cecum not intubated
□ Other visual issue
□ Interval based on entire screening epidsode (inclusive of all procedures)
□ >10 pre-cancerous polyps**
□ Other non-standard reason
Colonoscopy in _____ months
(Select one of the above reasons on the follow-up form)
Low Risk Lesions
□ Tubular adenomas with low-grade dysplasia that are smaller than 10 mm
□ Sessile serrated lesions with no dysplasia that are smaller than 10 mm
High Risk Lesions
□ Adenomas with:
□ Villous features;
□ High-grade dysplasia;
□ ≥ 10 mm.
□ Sessile serrated lesions with dysplasia
□ Traditional serrated adenomas
□ Hyperplastic polyps found in the cecum, ascending and transverse colon that are ≥ 10 mm
Family Histories that require ongoing colonoscopy screening
(NOT considered average risk)
□ 1 first degree relative (parent, sibling, child) diagnosed with colon cancer under age 60
□ 2 or more first degree relatives diagnosed at any age
* Alternate recall intervals of <3 months should be booked internally using local workflow processes rather than relying on another referral to come from the program.
** This refers to patients who have more than 10 pre-cancerous polyps (adenomas, sessile serrated lesions, traditional serrated adenomas) removed requiring a more frequent colonoscopy follow-up. Once all polyps have been removed from the colon, the patient should return for surveillance colonoscopy in one year.
Version: September 2021

Document Change Guide

Date	Version	Type of Change	Change Made	Pages Affected/Location
20200821	August 2020	New document guide	New document guide	All
20210326	March 2021	Document updates and examples added.	Re-ordered Patient/Provider identifiers. Updated definition for Partial Follow Up, with examples. Updated definition for Full Follow Up. Updated expected interval when Unplanned Events should be attempted. Re-ordered Alternate Recall Recommendations, with updated definitions and examples.	Page 5 Page 6 Page 7 Pages 8 – 9
20210630	June 2021	Added Appendix A	Added Follow Up Reference Guide	Page 11
20211008	October 2021	Added Required fields Added example scenarios Updated Appendix A	Added required fields to Patient/ Provider Identifiers Added examples to Alternate Interval Recommendations. Added examples to No Further Program Participation. Added sessile serrated lesions with no dysplasia in Low Risk Lesions.	Pages 5 – 6 Pages 8 – 9 Page 9 Page 11