

Recall Recommendations

	Standard					Alternate Interval
Reason	Patient with: <ul style="list-style-type: none"> □ 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. 	Patient with: <ul style="list-style-type: none"> □ at least one high risk lesion completely excised at time of colonoscopy; □ 3 or more low risk lesions removed. 	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.	Average risk patient who did not have any precancerous lesions removed.	Average risk patient who required CT colonography to complete visualization of the colon and had a negative CT colonography.	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 minimum*) and provide reason. <ul style="list-style-type: none"> □ Incomplete visualization <ul style="list-style-type: none"> □ Inadequate bowel preparation □ Cecum not intubated □ Other visual issue □ Interval based on entire screening episode (inclusive of all procedures) □ >10 pre-cancerous polyps** □ Other non-standard reason
Recall Interval	Colonoscopy in 5 YEARS	Colonoscopy in 3 YEARS	Colonoscopy in 6 MONTHS	FIT in 10 YEARS	FIT in 5 YEARS (Post normal CT colonography only)	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.