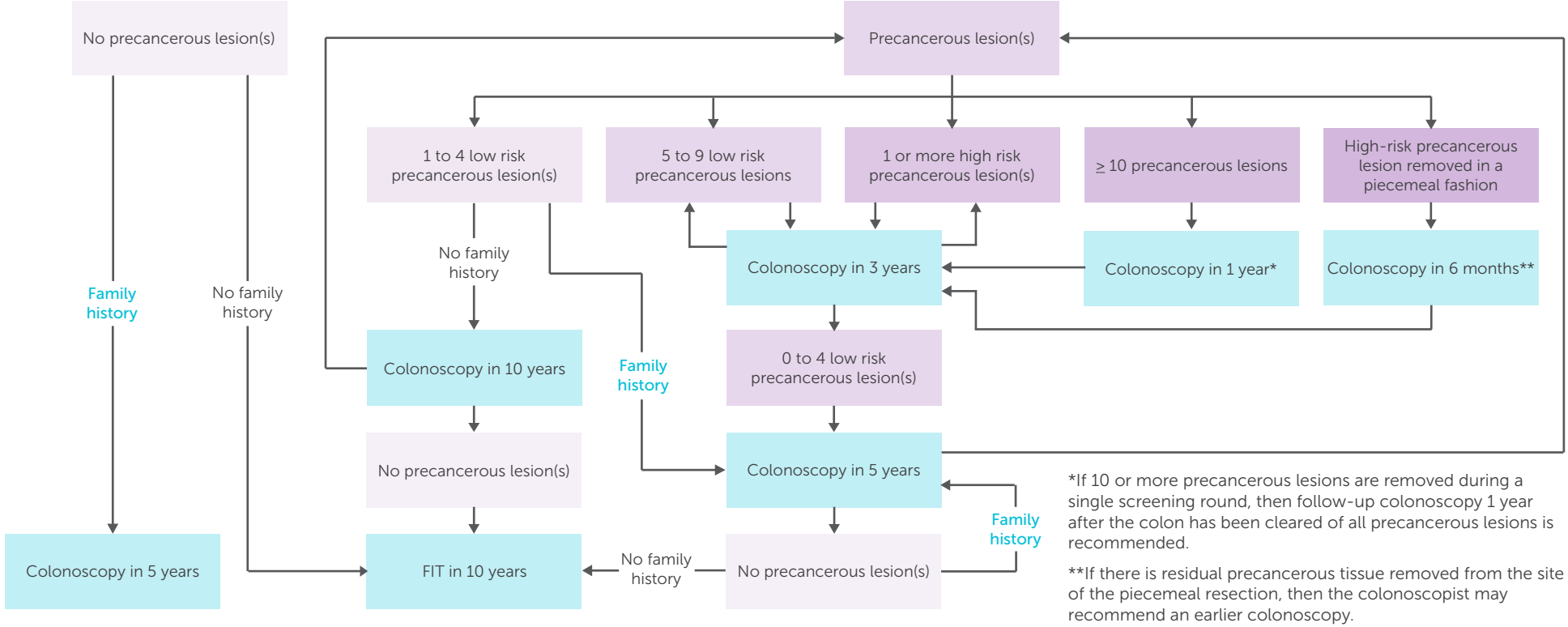
BC CANCER COLON SCREENING
Provincial Health Services Authority

Colonoscopy Follow-up Algorithm

The findings at colonoscopy will determine the timing of further colonoscopies or whether the indivdiual returns to screening with FIT. Patients followed by colonoscopy do not require FIT. The following flowchart outlines the patient follow-up pathway after colonoscopy.

This Patient Handout explains Colon Polyps and Follow-Up Recommendations (Email handout to patient: ✉)



*If 10 or more precancerous lesions are removed during a single screening round, then follow-up colonoscopy 1 year after the colon has been cleared of all precancerous lesions is recommended.

**If there is residual precancerous tissue removed from the site of the piecemeal resection, then the colonoscopist may recommend an earlier colonoscopy.

High Risk Lesions†

- ☐ Adenomas with:
  - ☐ Villous features
  - ☐ High-grade dysplasia
  - ☐ ≥ 10mm
- ☐ Sessile serrated lesions ≥ 10 mm
- ☐ Sessile serrated lesions with cytologic dysplasia
- ☐ Traditional serrated adenomas
- ☐ Hyperplastic polyps ≥ 10mm

Precancerous lesions that do not meet the above criteria are classified as low-risk.

Low Risk Lesions

- ☐ Tubular adenomas <10 mm with low-grade dysplasia
- ☐ Sessile serrated lesions <10 mm without dysplasia

If the number of precancerous lesions removed during an individual's lifetime is 10 or more, then referral to the **Hereditary Cancer Program** for evaluation of a potential genetic predisposition to CRC is recommended.

Family History: one first degree relative diagnosed with CRC under age 60, **OR** 2 or more first degree relatives diagnosed with CRC at any age.

†Lesion size is from colonoscopy report, not pathology report.

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