

SUMMARY

Summary of recommendations for colorectal cancer screening and surveillance in high risk groups

| Disease groups | Screening procedure | Time of initial screen | Screening procedure and interval | Annual procedures/300 000 population |
|--|--|---|--|--------------------------------------|
| Colorectal cancer | Consultation, LFTs and colonoscopy | Colonoscopy within six months of resection only if colon evaluation pre-op incomplete | Liver scan within two years post-op Colonoscopy five yearly until 70 years | 175 |
| Colonic adenomas | | | | |
| Low risk 1–2 adenomas, both <1 cm | Colonoscopy | No surveillance or five years | Cease follow up after negative colonoscopy | |
| Intermediate risk 3–4 adenomas, OR at least one adenoma ≥1 cm | Colonoscopy | Three years | Every three years until two consecutive negative colonoscopies, then no further surveillance | |
| High risk ≥5 adenomas or ≥3 with at least one ≥1 cm | Colonoscopy | One year | Annual colonoscopy until out of this risk group then interval colonoscopy as per Intermediate risk group | |
| Large sessile adenomas removed piecemeal | Colonoscopy or flexi-sig (depending on polyp location) | Three monthly until no residual polyp; consider surgery | | |
| Ulcerative colitis and Crohn's colitis | Colonoscopy + biopsies every 10 cm | pan-colitis eight years left-sided colitis 15 years from onset of symptoms. | Colonoscopy 3 yearly in second decade, 2 yearly in third decade, subsequently annually | 46 |
| IBD + primary sclerosing cholangitis +/- OLT | Colonoscopy | At diagnosis of PSC | Annual colonoscopy with biopsy every 10 cm | 6 |
| Uretero-sigmoidostomy | Flexi Sig | 10 yrs after surgery | Flexi Sig annually | 3 |
| Acromegaly | Colonoscopy | At 40 years | Colonoscopy 5 yearly | 1 |

| Family groups | Lifetime risk of death from CRC | Screening procedure | Age at initial screen (y) | Screening procedure and interval | Annual procedures/300 000 population |
|--|---------------------------------|--------------------------------------|---|---|--------------------------------------|
| Familial adenomatous Polyposis (FAP) and variants (refer to clinical geneticist) | 1 in 2.5 | Genetic testing Flexi Sig + OGD | Puberty | Flexi Sig 12 monthly. Colectomy if +ve | 6 |
| Juvenile polyposis and Peutz-Jegher (refer to clinical geneticist) | 1 in 3 | Genetic testing Colonoscopy + OGD | Puberty | Flexi Sig 12 monthly. Colectomy if +ve | 6 |
| At risk HNPCC*, or more than 2 FDR (refer to clinical geneticist). Also documented MMR gene carriers | 1 in 2 | Colonoscopy +/- OGD | Aged 25 or five years before earliest CRC in family. Gastroscopy at age 50 or five yrs before earliest gastric cancer in family. | Two yearly colonoscopy and gastroscopy | 48 |
| 2 FDR with colorectal cancer | 1 in 6 | Colonoscopy | At first consultation or at age 35–40 years whichever is the later | If initial colonoscopy clear then repeat at age 55 years. | 23 |
| 1 FDR <45 y with colorectal cancer | 1 in 10 | Colonoscopy | At first consultation or at age 35–40 years whichever is the later | If initial colonoscopy clear then repeat at age 55 years. | 12 |

OLT, orthopic liver transplant; IBD, inflammatory bowel disease; FAP, familial adenomatosis polyposis; HNPCC, hereditary non-polyposis colorectal cancer; FDR, first degree relative (sibling, parent or child) with colorectal cancer; OGD, oesophageo-gastroduodenoscopy.

*The Amsterdam criteria for identifying HNPCC are: three or more relatives with colorectal cancer; one patient a first degree relative of another; two generations with cancer; and one cancer diagnosed below the age of 50.

The above family groups are for a minimum number of affected relatives - life-time risk rises with additional affected relatives in other generations and with younger onset of disease.

These Guidelines assume complete colonoscopy, if incomplete then either immediate DCBE or planned repeat colonoscopy.

N.B. Family history may be falsely negative.

People with symptoms suggestive of colorectal cancer or polyps should be appropriately investigated; they are not candidates for screening.

This summary has been compiled by S Cairns and J H Scholefield.