

## BSG/ACPGBI/PHE Post-polypectomy and post-colorectal cancer resection surveillance guidelines

### Lay summary

#### *What do these guidelines cover?*

A colonoscopy test uses a thin flexible tube with a tiny camera on the end to look inside your bowel. This test can find bowel cancer, and also polyps (non-cancerous growths) which can usually be removed to lower the risk of bowel cancer. These updated guidelines consider the use of surveillance (“check-up”) colonoscopies and bowel imaging in people who have had either bowel polyps or a bowel cancer removed.

These guidelines are primarily aimed at healthcare professionals and address:

- Who should have surveillance?
- When should surveillance take place?
- When can surveillance be stopped?

Some people and their families are at particularly high risk of developing polyps due to genetic (inherited) conditions: this guidance does not cover these people – separate guidelines have been published for them.

These guidelines were written by the British Society of Gastroenterology (BSG), the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and the English Bowel Cancer Screening Programme (Public Health England [PHE]). They are also supported by NHS England (NHSE).

Common questions that patients and their relatives ask are outlined below.

What is the purpose of surveillance?

The purpose of surveillance is to find and remove any new polyps so that they are prevented from potentially developing into cancer in the future. If a cancer does occur, surveillance may also find it at an earlier stage when it is easier to cure.

#### *Why have these guidelines on surveillance been updated?*

New evidence has allowed medical professionals to improve the previous guidelines. Moreover, since the last guidance, national bowel screening has been introduced which provides a useful check-up for low-risk people. The updated guidelines aim to make surveillance more personalised, ensuring it is recommended for people who need it, and not recommended to those who do not. This means that the need for and timing of surveillance colonoscopies has altered in this updated guidance.

#### *If I have had polyps removed during a colonoscopy, will I need a surveillance colonoscopy in the future?*

Not always. Bowel cancer usually develops from polyps, which is why specialists remove polyps during colonoscopy. Often this is all that is required, but in some people, new polyps can grow in the future. These guidelines tell doctors which people are at risk of new polyps and should have future surveillance colonoscopies.

If you do not need surveillance colonoscopies, we still encourage you to take part in the national Bowel Cancer Screening Programme as/when you are invited (currently from age 50 in Scotland and 60 in Wales, Northern Ireland and England, although Wales and England have made commitments to lower this age to 50 in line with Scotland).

#### *Why do some people with polyps NOT need surveillance?*

The two main reasons for this are:

- Not all people who have had polyps removed are at increased risk of developing cancer;
- Having a colonoscopy does have some potential risks. For some people, this risk outweighs the potential benefit.

These guidelines help doctors to decide what is right for each patient.

#### *How often will I need to have surveillance colonoscopies?*

This will depend on your individual circumstances, and your doctor will explain this to you using these guidelines.

- Recent evidence has shown that in many cases the intervals previously used for colonoscopy surveillance were too short (i.e. patients were asked to have a colonoscopy too frequently). In most cases, we now recommend an interval of three years;
- Evidence shows that with high quality colonoscopy using the latest techniques, once the bowel is cleared of polyps there is only a small chance of developing further high-risk polyps that may turn into cancers. Therefore, in most cases a single follow-up colonoscopy will be all that is needed.

#### *Why stop at around 75 years of age?*

- For a patient around the age of 75, once the bowel has been cleared of polyps they are very unlikely to benefit from further surveillance colonoscopy;
- This is because, even if a new polyp occurs, it usually takes at least ten years for it to grow from a small polyp into a high-risk polyp or cancer;
- Although colonoscopy is usually safe, the risk of a complication of the test itself (e.g. bleeding) or an associated event (e.g. stroke, heart or kidney problem) occurring after a colonoscopy increases significantly in patients over the age of 75;
- Every patient should be able to discuss their own case with their doctor to weigh-up the associated risks and potential benefits of having a further colonoscopy.