Colorectal Cancer (CRC) Screening & Post-Polypectomy Surveillance Risk Assessment Tool

Average Risk: Begin at age 45:

More common:

- Colonoscopy every 10 years
- Stool FIT* or HSgFOBT* every year
- Stool DNA* (Cologuard) every 3 Years

Less Common:

- Computed Tomography Colonography (virtual colonoscopy) every 5 years
- Flexible Sigmoidoscopy* every 5 years
- Flexible Sigmoidoscopy* every 10 years + FIT every year

*If test is positive, a colonoscopy should be done In-office DRE (digital rectal exam) is not appropriate for screening

Increased Risk: Family History CRC or Polyps

1 FDR with CRC/AdvAd at <60 years 2 FDRs with CRC/AvdAd at any age

Start colonoscopy at age
40; or 10 years before
earliest CRC diagnosis
(whichever comes earlier)
Repeat every 5 years

1 FDR with CRC/AdvAD at ≥60 years

Start screening at age 40 using same tests & intervals as average risk

1 SDR with CRC at <50 years ≥ 2 SDRs at any age

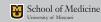
Start colonoscopy at
age 40-50
Repeat every 5-10 years

FDR = First Degree Relative

SDR = Second Degree Relative

AdvAd = Advanced Adenoma
Defined as an adenoma ≥ 1 cm
in size or having high-grade
dysplasia or villous elements





Increased Risk: Personal History of Polyps

Colonoscopy is the only recommended test option

For 1-2 small tubular adenomas — Repeat colonoscopy in 7 years

For 1-2 small sessile serrated polyps (SSP)

Repeat colonoscopy in 5 years

For 3-9 adenomas/SSPs or ≥ 1 AdvAd Repeat colonoscopy in 3 years

10+ adenomas/SSP Repeat colonoscopy in 1 year

For piecemeal resection of large adenoma/SSP >20 mm: Repeat colonoscopy in 6 months

Increased Risk: Personal History of Colon or Rectal Cancer

Following curative resection, repeat colonoscopy

Colon Cancer: 1 year post-op. If normal, repeat colonoscopy

in 3 years, then 5 years

Rectal Cancer: Follow up per surgeon

Semi-solid stool, inadequate to detect polyps > 5 mm.

Inadequate Prep: Repeat colonoscopy with extended prep as soon as feasible, < 1 year

Hereditary non-polyposis colorectal cancer (HNPCC) (aka Lynch Syndrome):

- Genetic counseling and possible testing should be offered to patients with suggestive family history.
- If known HNPCC, colonoscopy every 1-2 years beginning around age 20, then yearly after age 40. Follow up per specialist

Patients should ask their insurance company about coverage before their colonoscopy. Many insurance companies have no out-of-pocket costs for colonoscopy, even if polyps are removed.