

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	→	Start colonoscopy at age 40; or 10 years before earliest CRC diagnosis (whichever comes earlier)
2 FDRs with CRC/AdvAd at any age		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	→	Start colonoscopy at age 40-50
≥ 2 SDRs at any age		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



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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

Colon Cancer:	Following curative resection, repeat colonoscopy 1 year post-op. If normal, repeat colonoscopy in 3 years, then 5 years
Rectal Cancer:	Follow up per surgeon

Inadequate Prep:	Semi-solid stool, inadequate to detect polyps > 5 mm. Repeat colonoscopy with extended prep as soon as feasible, < 1 year
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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.