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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, orthoptic 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.