

## Colonoscopy Surveillance Guidelines

Based on Cancer Council Australia Clinical Practice Guidelines for Colorectal Cancer (2017) and Surveillance Colonoscopy (2019)

### Family History

Family History	Recommendation
<b>Category 1</b> <ul style="list-style-type: none"> <li>No first degree relative (FDR) or second degree relative (SDR) with colorectal cancer</li> <li>1 FDR with CRC age <math>\geq 55</math></li> <li>1 FDR and 1 SDR with CRC age <math>\geq 55</math></li> </ul>	Faecal occult blood test (FOBT) 2 yearly from age 50-74
<b>Category 2</b> <ul style="list-style-type: none"> <li>1 FDR with CRC age <math>&lt; 55</math></li> <li>2 FDRs with CRC at any age</li> <li>1 FDR + <math>\geq 2</math> SDR with CRC at any age</li> </ul>	FOBT 2 yearly from age 40-49 then Colonoscopy 5 yearly from age 50-74
<b>Category 3</b> <ul style="list-style-type: none"> <li><math>\geq 3</math> FDR or SDR with CRC, <math>\geq 1</math> age <math>&lt; 55</math></li> <li><math>\geq 3</math> FDR with CRC at any age</li> </ul>	FOBT 2 yearly from age 35-44 then Colonoscopy 5 yearly from age 45-74 Consider genetics referral

### Inflammatory Bowel Disease (IBD) Surveillance

Group	Clinical situation	Recommendation
1	Ulcerative colitis (UC) or Crohn's disease affecting $>1/3$ rd colon	Start at 8 years disease duration
2	If primary sclerosing cholangitis (PSC) or significant family history CRC	Start at diagnosis
3	If any of active disease, PSC, significant family history CRC, colon stricture, multiple inflammatory polyps, dysplasia	Annual colonoscopy
4	If inactive or low risk family history CRC	3 yearly colonoscopy
5	If 2 prior normal colonoscopies	5 yearly colonoscopy

### After Curative Surgery for Colorectal Cancer

- Complete examination of the colon before or within 6 months of surgery (where the proximal colon was not visualised)
- Subsequent colonoscopy at 1 year, then 3-5 yearly (or as per polyp guidelines)

### After Polypectomy (first surveillance colonoscopy)

Group	Findings at index colonoscopy	Recommendation
A	<ul style="list-style-type: none"> <li><math>\leq 2</math> tubular adenomas <math>&lt; 10</math>mm</li> </ul>	10 years or National Bowel Cancer Screening Programme FOBT
B	<ul style="list-style-type: none"> <li>3-4 tubular adenomas <math>&lt; 10</math>mm</li> <li><math>\leq 2</math> Sessile serrated polyps (SSP) <math>&lt; 10</math>mm</li> </ul>	5 years
C	<ul style="list-style-type: none"> <li>5-9 adenomas <math>&lt; 10</math>mm</li> <li>Adenoma <math>\geq 10</math> mm or high grade dysplasia (HGD) or villous</li> <li>3-4 SSP <math>&lt; 10</math>mm</li> <li>1-2 SSP <math>&gt; 10</math>mm or dysplastic or traditional serrated adenoma (TSA)</li> <li>Hyperplastic Polyps (HP) <math>\geq 10</math>mm</li> </ul>	3 Years
D	<ul style="list-style-type: none"> <li><math>\geq 10</math> adenomas <math>&lt; 10</math>mm</li> <li>5-9 adenomas, <math>\geq 10</math>mm or HGD</li> <li><math>\geq 5</math> SSPs <math>&lt; 10</math>mm</li> <li><math>\geq 3</math> SSPs, <math>&gt; 10</math>mm or dysplasia or TSA</li> </ul>	1 year Consider genetics referral
E	<ul style="list-style-type: none"> <li>Piecemeal resection of large sessile polyps (<math>&gt; 20</math>mm)</li> </ul>	3-6 months, then 1 year, then 3 years, then 5 yearly

### After Polypectomy (second surveillance colonoscopy)

Total number of adenomas + SSPs at 2nd Colonoscopy	Low risk Adenoma		High risk Adenoma	
	Advanced SSP		Advanced SSP	
	No	Yes	No	Yes
0-2	5Y	3Y	3Y	3Y
3-4	3Y	3Y	1Y	1Y
5-9	1Y	1Y	1Y	1Y
$\geq 10$	1Y	1Y	1Y	1Y

# ENDOSCOPY SERVICES REFERRAL FORM

Dalley Street

LISMORE NSW 2480

Telephone: 02 6627 9266

Facsimile: 02 6627 9268

## PATIENT DETAILS

Surname ..... Given Names .....

Date of Birth ..... Age..... Phone.....

*Patients with any of the following indicators will not be suitable for open access and will require at least a telephone consultation with a Gastroenterologist:*

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Age &gt; 80</li><li>• BMI &gt; 40</li><li>• CVA within 3 months</li><li>• Acutely ill / febrile</li><li>• Chronic Renal Failure</li><li>• Patients who have had drug eluting stents within the last 18 months</li></ul> | <ul style="list-style-type: none"><li>• Diabetic</li><li>• Severe Asthma / CAL</li><li>• TIA within 3 months</li><li>• Takes anticoagulants / clopidogrel</li><li>• AMI within 3 months / Unstable angina</li><li>• Intending overseas travel within 2 weeks</li><li>• Confusion / Dementia</li></ul> |
|---|---|

## REQUEST

Upper Gastrointestinal Endoscopy       Colonoscopy       Flexible Sigmoidoscopy

## PREFERRED GASTROENTEROLOGIST

Dr M Cornwell       Dr H Hope       Dr I Singh-Grewal  
 Dr D Whitaker       Dr A Thomson       or first available

## INDICATION A: Symptoms, signs and/or investigation findings prompting referral

- Positive FOB     NBSCP     Anaemia     Rectal bleeding, duration \_\_\_\_ weeks  
 Diarrhoea (stool culture negative), duration \_\_\_\_ weeks       Unexplained weight loss  
 Unexplained abdominal pain > 6 weeks       Palpable mass  Abdominal  Rectal  
 Dysphagia       Fe Deficiency Anaemia     Fe Deficiency

Other:.....  
.....  
.....

## INDICATION B: Colonoscopy Surveillance (refer to groups on opposite page to complete this section)

Date of last colonoscopy \_\_\_\_/\_\_\_\_/\_\_\_\_ (provide a copy of results if not performed at St Vincent's)  
 Family history risk category:  1  2  3    Syndrome \_\_\_\_\_  
 IBD surveillance group:  1  2  3  4  5    Date of IBD diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of primary sclerosing cholangitis diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Colorectal cancer    Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Adenoma surveillance group:  A  B  C  D  E

## PAST MEDICAL HISTORY and CURRENT MEDICATIONS

- **A CURRENT HEALTH SUMMARY MUST BE PROVIDED WITH THIS REFERRAL**      Provided
- **RELEVANT PATHOLOGY MUST BE PROVIDED WITH THIS REFERRAL**      Provided

## REFERRING DOCTOR

Print Name ..... Signature.....

Date..... Provider No.....

Referring Practice .....

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