

## Colorectal Cancer Screening Guidelines

At Digestive Health Specialists, we take Colorectal Cancer (CRC) prevention very seriously. Getting patients on a screening schedule is a crucial part of good patient care. We follow the *U.S. Multisociety Task Force on Colorectal Cancer* recommendations (endorsed by American Cancer Society) for initial CRC screening and recall timing. After a patient procedure, each physician identifies the correct recall timing (per the protocol chart below) and this date is entered in the patient's Electronic Medical Record. When the time for the patient recall has arrived, we contact the patient to remind them and schedule them for their follow up procedure.

We would recommend you consider these guidelines for any patients not currently on a CRC screening protocol.

<b>Risk Factor – For each risk factor below, the patient should have a screening colonoscopy at the age and next colon frequency</b>	<b>Patient Age</b>	<b>Next Colon</b>
No symptoms nor family history of colon cancer or polyps	50	10 years
A first degree relative with Colorectal Cancer or an adenoma discovered past age 60	40	10 years
A first degree relative with Colorectal Cancer or an adenoma discovered before age 60	40 or 10 yrs before relative diagnosis	5 years
Two or more first degree relatives with Colorectal Cancer diagnosed at any age	40 or 10 yrs before relative diagnosis	5 years
Two second degree relatives with Colorectal Cancer	40	10 years
One second degree or any third degree relative with Colorectal Cancer	50	10 years
HNPCC – If patient or relative had (1) colorectal cancer before age 50, or (2) two or more cancers were found in same individual; patient should have genetic interview to determine syndrome	20 or 10 yrs before relative diagnosis	1-2 years
<b>Next Colon Timing Guidelines</b>		
No polyp found		By Risk Factor
If the patient had an adenoma larger than 1 centimeter		3 years
If the patient had more than 2 small adenomas		3 years
If the patient had a small adenoma or villous adenoma with **advanced features		3 years
If the patient had 2 or less small adenomas		5 years
If the patient had a very large hyperplastic polyp or multiple right colon hyperplastic polyps (in general hyperplastic polyps are not a risk factor)		5 years
If the patient had colon cancer (after resection)		6 months–rectal 1 year -colon
**Advanced features: high grade dysplasia. Villous adenoma, sessile serrated adenoma		