

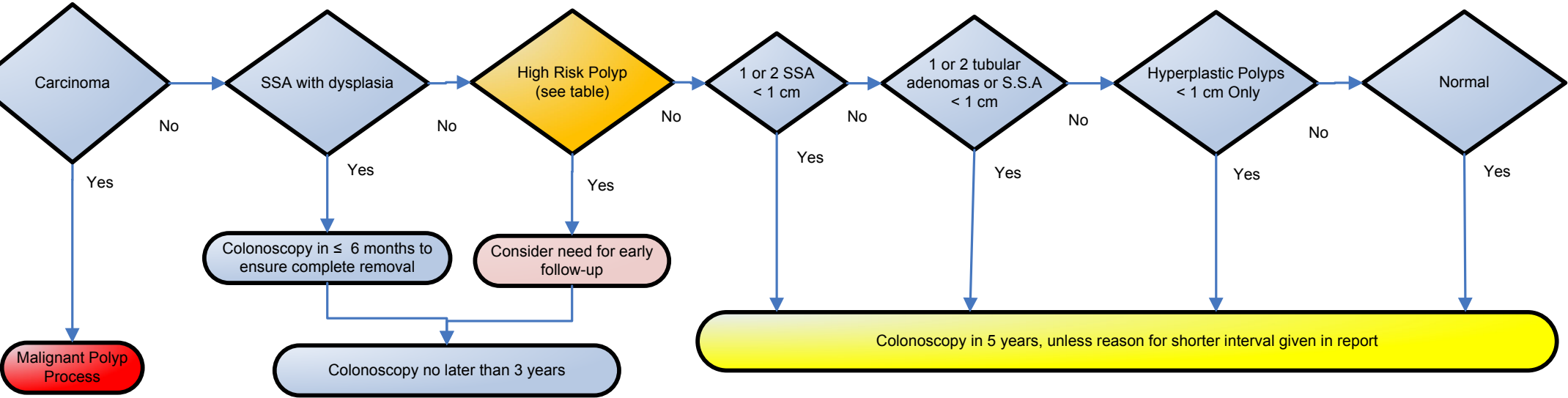
**Increased Risk Surveillance Recommendations:**  
 Personal history of CRC or advanced adenomas  
 Or  
 Any first degree relative diagnosed at age < 60 yrs with CRC or advanced adenoma  
 Or  
 ≥ 2 First Degree Relative (any age) with CRC or advanced adenomas  
 Or  
 Other increased risk groups

**Process:**  
 1. Review available records: endoscopy report/nursing notes and pathology report, prior colonoscopy and pathology reports.  
 2. Confirm patient's underlying CRC risk. Does the patient have a personal history of an advanced adenoma? If yes, then next surveillance interval should be by colonoscopy in no later than five years.  
 3. Did the endoscopist make a surveillance recommendation?  
 4. Determine if other recent procedures, such as removal of a large polyp.  
 5. Review pathology from current colonoscopy.

**Increased Risk Groups:**  
 Firefighters  
 Acromegaly  
 Certain genetic syndromes (BRCA1)

**Excludes:**  
 Polyposis syndromes  
 Lynch syndrome

Flowchart assumes that a polyp was completely removed. If the pathology report indicates that the polyp was not completely removed, the case should be reviewed with the physician.



**Surveillance Interval Guidelines for High Risk Polyps**

Condition	Interval
<b>Conventional Adenomas</b>	
3 – 10 adenomas < 1 cm	3 years
Any adenoma ≥ 1 cm	3 years
Any adenoma with high-grade dysplasia (review with MD re ? repeat 2-6 months)	3 years
Any adenoma with villous histology	3 years
> 10 adenomas	1 year + genetics
<b>Serrated Lesions</b>	
Traditional Serrated Adenoma	3 years
Sessile Serrated Adenoma (SSA) with cytological dysplasia	3 years
SSA ≥ 1 cm	3 years
3 – 4 SSA < 1 cm	3 years
> 4 SSA < 1 cm	1-3 years + ?SPS
Hyperplastic ≥ 1 cm proximal to sigmoid colon	3 years
2 or more SSAs ≥ 1 cm	1-3 years + ?SPS
<b>Both Serrated and Conventional Adenomas</b>	
3 or 4 lesions: 1 or 2 SSA < 1 cm plus 1 or 2 TA < 1 cm	3 years
2 lesions: 1 SSA < 1 cm plus 1 TA < 1 cm	5 years

**Early Follow-Up (≤ 6 Months): At discretion of endoscopist**  
 Large polyp removed piecemeal  
 Incompletely removed polyp  
 High Grade Dysplasia

**Polyps Not Retrieved/Fulgurated at Colonoscopy:**  
 Classify as adenomas if proximal to rectum.  
 Classify diminutive rectal polyps as hyperplastic  
 Classify larger rectal polyps > 7 mm as adenomas

**?SPS: Serrated Polyposis Syndrome (SPS)**  
 Review all available pathology to determine if meets criteria:  
 i) ≥ 5 serrated polyps proximal to the sigmoid colon with ≥ 2 being > 10 mm  
 ii) ≥ 1 serrated polyp proximal to sigmoid colon if FDR with SPS  
 iii) > 20 serrated polyps of any size, distributed throughout the colon