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Spotlight: US Multi-Society Task Force on Colorectal Cancer Recommendations for Follow-up After Colonoscopy and Polypectomy

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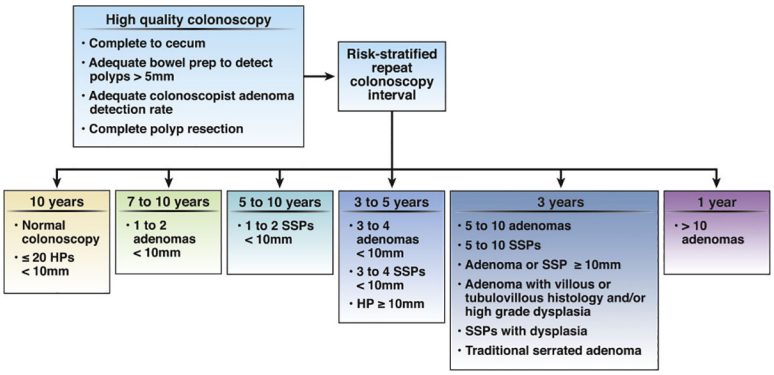

Recommendations for post-colonoscopy follow-up in average risk adults

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Baseline finding	Recommended interval for first surveillance	Finding at first surveillance	Recommended interval for next surveillance
1–2 tubular adenomas < 10 mm	7–10 y	Normal colonoscopy*	10 y
		1–2 tubular adenomas < 10 mm	7–10 y
		3–4 tubular adenomas < 10 mm	3–5 y
		Adenoma ≥ 10 mm in size; or adenoma with tubulovillous/villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10 mm	3 y
3–4 tubular adenomas < 10 mm	3–5 y	Normal colonoscopy*	10 y
		1–2 tubular adenomas < 10 mm	7–10 y
		3–4 tubular adenomas < 10 mm	3–5 y
		Adenoma ≥ 10 mm in size; or adenoma with tubulovillous/villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10 mm	3 y
Adenoma ≥ 10 mm in size; or adenoma with tubulovillous/villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10 mm	3 y	Normal colonoscopy*	5 y
		1–2 tubular adenomas < 10 mm	5 y
		3–4 tubular adenomas < 10 mm	3–5 y
		Adenoma ≥ 10 mm in size; or adenoma with tubulovillous/villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10 mm	3 y

Recommendations for second surveillance stratified by adenoma findings at baseline and first surveillance

*Normal colonoacopy is defined as colonoscopy where no adenoma, SSR, or CRC is found.

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Recommendations for post-colonoscopy follow-up in average risk adults with normal colonoscopy or adenomas[1]

	Baseline finding	Risk compared with normal colonoscopy	Recommended interval for surveillance colonoscopy	Strength of recommendation	Quality of evidence
	Normal	n/a	10 years[2]	Strong	High
	1 to 2 tubular adenomas < 10mm	↔	7 to 10 years[3]	Strong	Moderate
	3 to 4 tubular adenomas < 10mm	↑	3 to 5 years	Weak	Very low
	5 to 10 tubular adenomas < 10mm	↑↑	3 years	Strong	Moderate
	> 10 adenomas on single exam[4]	↑↑	1 year	Weak	Very low
Advanced adenoma	Any adenoma ≥ 10mm	↑↑↑	3 years	Strong	High
Advanced adenoma	Any adenoma with tubulovillous or villous histology	↑↑	3 years[5]	Strong	Moderate
Advanced adenoma	Any adenoma with high grade dysplasia	↑↑	3 years[5]	Strong	Moderate
Advanced adenoma	Piecemeal resection of adenoma ≥ 20mm	↑↑↑	6 months	Strong	Moderate[6]

Recommendations for post-colonoscopy follow-up in average risk adults with serrated polyps[1]

	Baseline finding	Risk compared with normal colonoscopy	Recommended interval for surveillance colonoscopy	Strength of recommendation	Quality of evidence
	≤ 20 hyperplastic polyps in rectum or sigmoid colon < 10mm[7]	↔	10 years[2]	Strong	Moderate
	≤ 20 hyperplastic polyps proximal to sigmoid colon < 10mm[7]	↔	10 years	Weak	Very low
	1 to 2 SSPs < 10mm	↔ or ↑	5 to 10 years	Weak	Very low
	3 to 4 SSPs < 10mm	↑	3 to 5 years	Weak	Very low
	5 to 10 SSPs < 10mm	↑↑	3 years	Weak	Very low
Large or advanced serrated polyp	Hyperplastic polyp ≥ 10mm	↑↑	3 to 5 years[8]	Weak	Very low
Large or advanced serrated polyp	SSP ≥ 10mm	↑↑↑	3 years	Weak	Very low
Large or advanced serrated polyp	SSP with dysplasia	↑↑↑	3 years[5]	Weak	Very low
Large or advanced serrated polyp	Traditional serrated adenoma	↑↑↑	3 years[5]	Weak	Very low
Large or advanced serrated polyp	Piecemeal resection of SSP ≥ 20mm	↑↑↑	6 months	Strong	Moderate[6]

[1] All recommendations assume exam complete to cecum with bowel preparation adequate to detect lesions > 5mm in size; recommendations do not apply to individuals with a hereditary CRC syndrome, personal history of inflammatory bowel disease, personal history of hereditary cancer syndrome, serrated polyposis syndrome, malignant polyp, personal history of CRC, or family history of CRC, and must be judiciously applied to such individuals, favoring the shortest indicated interval based on either history or polyp findings.

[2] Follow up may be with colonoscopy or other screening modality for average risk individuals.

[3] Patients with recommendations issued prior to 2020 for shorter than 7 to 10 year follow up after diagnosis of 1 to 2 tubular adenomas may follow original recommendations. If feasible, physicians may re-evaluate patients previously recommended an interval shorter than 10 years and reasonably choose to provide an updated recommendation for 7 to 10 year follow up, taking into account factors such as quality of baseline exam, prior polyp history, and patient preferences.

[4] Patients with > 10 adenomas or lifetime > 10 cumulative adenomas may need to be considered for genetic testing based on absolute/cumulative adenoma number, patient age, and other factors such as family history of CRC (see text).

[5] Assumes high confidence of complete resection.

[6] See USMSTF recommendations for endoscopic removal of colorectal lesions (Kaltenbach TA et al., Endoscopic Removal of Colorectal Lesions–Recommendations by the US Multi-Society Task Force on Colorectal Cancer. At press 2020).

[7] If cumulative more than 20 serrated polyps distributed throughout the colon, with at least 5 being proximal to the rectum, or 5 or more serrated polyps proximal to the rectum, all being 5mm or more in size, with 2 or more being 10mm or larger in size, consider a diagnosis of Serrated Polyposis Syndrome and alternate management (World Health Organisation. Classification of Tumours of the Digestive Tract. IARC Press, Lyon; 2019)

[8] A 3-year follow up interval is favored if concern about consistency in distinction between SSP and HP locally, bowel preparation, or complete excision, whereas a 5-year interval is favored if low concerns for consistency in distinction between SSP and HP locally, adequate bowel preparation, and confident complete excision.

HP, hyperplastic polyp; SSP, sessile serrated adenoma/polyp/lesion