- This pathway is intended for individuals who are **average risk,** with no symptoms and no first-degree relatives with colorectal cancer. The surveillance recommendations are based on findings from the initial (baseline) colonoscopy.
- Individuals with family history of CRC in 1 or more first degree relative (parent, sibling, child) are considered at increased risk. Please refer to TOP CRC screening guidelines for family history at actt.albertadoctors.org

ACRCSP Recommendations for Post-Polypectomy Surveillance 2023

Initial Colonoscopy Findings	Recommendations for next test & interval	Subsequent colonoscopy for polyps/lesions requiring surveillance
Normal or no polyps	FIT screening in 10 years[i]	
Hyperplastic polyp(s) <10mm		
Hyperplastic polyp(s) ≥10mm	Colonoscopy in 3 years if proximal to sigmoid colon[ii] Colonoscopy in 5 years if in rectosigmoid	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
Adenoma		
1 - 2 tubular adenoma(s) <10 mm	FIT screening in 5 years	
3 - 4 tubular adenomas <10mm	Colonoscopy in 5 years	Consider return to FIT screening in five years.
5 - 10 tubular adenomas <10mm	Colonoscopy in 3 years	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
≥10mm in size		
Villous histology or high-grade dysplasia		
>10 tubular adenomas	Colonoscopy in 1 year and genetic counselling[iii]	At endoscopist discretion
Sessile Serrated Lesion (SSL)		
1 - 2 SSL(s) <10 mm	Colonoscopy in 5 years	Consider return to FIT screening in five years.
3 - 10 SSLs <10mm	Colonoscopy in 3 years	If no polyps requiring surveillance detected, then subsequent colonoscopy at 5 years. Consider return to average risk FIT screening if both scopes normal.
≥10 mm in size (any number)		
[with] dysplasia (any size)		
Traditional serrated adenoma (any size)		
Serrated polyposis syndrome[iv]	Colonoscopy in 1 years	At endoscopist discretion
Piecemeal Resection		
Large (≥10mm) non-pedunculated polyp or lesion	Colonoscopy[v] in 6 months	If initial polyp was ≥20mm, next surveillance colonoscopy in 1 year. If no recurrence detected at resection site, subsequent colonoscopy surveillance in 3 years. If initial polyp was ≥10mm-19mm, next surveillance colonoscopy in 3 years[vi]. If no recurrence detected at resection site, subsequent colonoscopy surveillance in 5 years

i More than 20 hyperplastic polyps, especially if proximal to sigmoid colon, consider serrated polyposis syndrome[V]

ii Hyperplastic polyp(s) ≥10mm proximal to sigmoid colon should be considered a sessile serrated lesion (SSL) with colonoscopy surveillance recommended in 3 years.

iii Consider genetic testing referral. Patients with >10 adenomas found on a single colonoscopy have an increased risk for hereditary polyposis. Timely clearing colonoscopy is required to ensure that all adenomatous lesions have been removed.

iv Serrated polyposis syndrome: *1) at least five serrated lesions proximal to the rectum, with two or more that are >10mm or 2) more than 20 serrated lesions or polyps of any size distributed throughout the large bowel, with at least five proximal to the rectum.*

v For recto-sigmoid lesions, the choice of limited flexible sigmoidoscopy vs full colonoscopy is left to endoscopist's discretion.

vi Consideration for 12-month follow-up if high grade dysplasia, resection required multiple passes or challenging position noted.

Alberta Health Services

Alberta Colorectal Cancer Screening Program