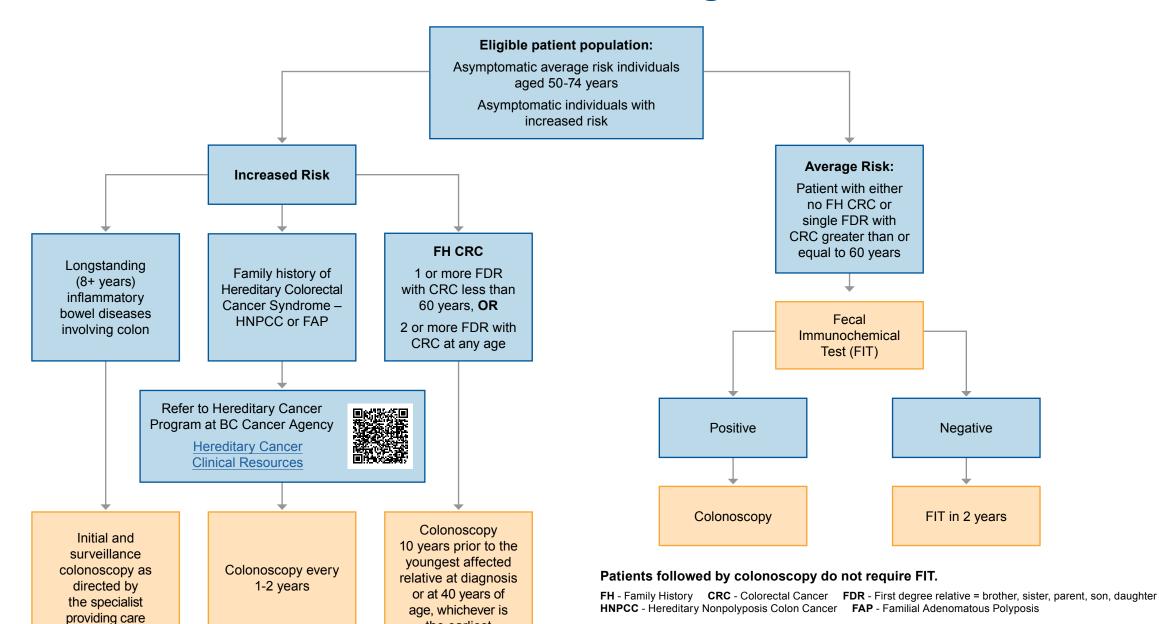
Colorectal Screening

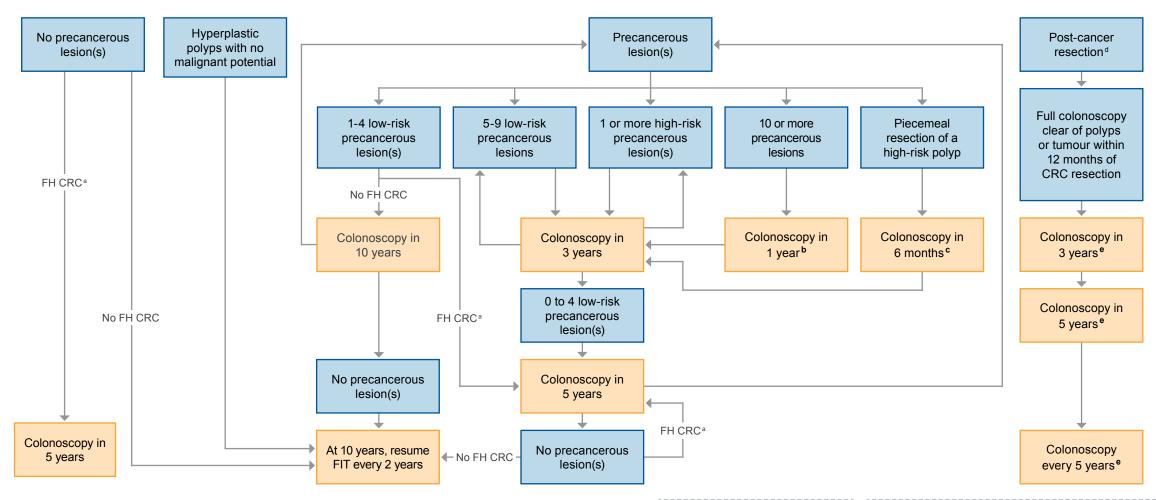


the earliest



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Colonoscopy Follow-up



^a Family History of Colorectal Cancer (FH CRC): one first degree relative diagnosed with CRC under age 60, OR 2 or more first degree relatives diagnosed with CRC at any age.

- ^b If 10 or more precancerous lesions are removed during a single screening round, then follow-up colonoscopy 1 year after the colon has been cleared of all precancerous lesions is recommended.
- ^c If there is residual precancerous tissue removed from the site of the piecemeal resection, then the colonoscopist may recommend an earlier colonoscopy.
- ^d Patients with significant co-morbidities, very advanced age, or limited 5-year life expectancy not routinely offered surveillance.
- ^e Or as defined by Hereditary Cancer Syndrome/Polyp Guidelines.

High-Risk Lesions

- ☐ Adenoma with one or more of
 - □ <u>≥</u>10mm
 - □ Villous features, or
- ☐ High Grade Dysplasia
- □ SSL >10mm
- □ SSL with cytologic dysplasia
- □ Traditional Serrated Adenoma
- □ Hyperplastic Polyp ≥10mm

Low-Risk Lesions

- □ Tubular Adenoma <10mm
- \square Sessile Serrated Lesion (SSL) <10mm without dysplasia

If the number of precancerous lesions removed during an individual's lifetime is 10 or more, then referral to the Hereditary Cancer Program for evaluation of a potential genetic predisposition to CRC is recommended.

