



GI Societies Issue New Colonoscopy Surveillance Guidelines

Guidelines Support Previous Recommendations, Address Murky Areas of Cancer Screening

Bethesda, MD (Oct. 1, 2012) — Patients at average risk of colorectal cancer who have a clean colonoscopy do not need to repeat the test for 10 years. This and many other practical recommendations for cancer prevention were issued in “Guidelines for Colonoscopy Surveillance After Screening and Polypectomy,”¹ a consensus update issued by the U.S. Multisociety Task Force on Colorectal Cancer.

Colorectal cancer is preventable when precancerous polyps (growths) are found and removed before they turn into cancer. Screening for average risk patients is recommended to begin at age 50, and there are many screening tests available. During a colonoscopy, a physician examines the full length of the large intestine and removes polyps. Surveillance refers to the schedule on which doctors recheck patients for recurring polyps after their first screening.

The U.S. Multisociety Task Force — comprised of representatives of the American College of Gastroenterology, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy — evaluated the guidelines for colorectal cancer surveillance published in 2006 to determine if they should be updated based on new evidence.

“The U.S. Multisociety Task Force believes that the evidence supporting current recommendations for screening and surveillance intervals has become stronger in the past six years,” said David Lieberman, MD, lead author of the guidelines. “While these guidelines are dynamic and will continue be revised in the future as new evidence emerges, we believe the guidelines represent the best science available for the screening, surveillance and prevention of colorectal cancer.”

The task force recommends that all endoscopists monitor key quality indicators as part of a colonoscopy screening and surveillance program. The following colonoscopy schedule is recommended following a patient’s initial high-quality exam:

Initial exam finds no polyps or small (< 10 mm) hyperplastic polyps in the rectum or sigmoid colon	Next colonoscopy in 10 years
Initial exam finds low-risk adenomas defined as 1-2 tubular adenomas <10mm	Next colonoscopy in 5-10 years
Serrated lesion less than 10mm, non-dysplastic	Next colonoscopy 5 years
Initial exam finds benign, but high-risk neoplastic polyps Includes: adenoma >10mm, or with villous histology, high grade dysplasia; three or more adenomas; sessile serrated lesions which are dysplastic and/or >10mm	Next colonoscopy in 3 years

The full guidelines are available online at [http://www.gastrojournal.org/article/S0016-5085\(12\)00812-8/fulltext](http://www.gastrojournal.org/article/S0016-5085(12)00812-8/fulltext).

The guidelines also provide advice on murky areas related to colorectal cancer screening:

- **When should colonoscopy be repeated if the patient's bowel isn't properly prepared for colonoscopy?** In most cases, repeat the exam within one year. Note that splitting the dose of bowel preparation yields better results.
- **Should stool tests (guaiac fecal occult blood test or fecal immunochemical test) be used in between colonoscopies to check for cancer?** Fecal testing between colonoscopies isn't necessary within five years of colonoscopy.
- **Aspirin and non-steroidal anti-inflammatory drugs may reduce risk of polyps — should screening intervals change for patients on these medications?** There is insufficient evidence to recommend any change.
- **If new symptoms develop, should a patient receive a colonoscopy earlier than scheduled based on guidelines?** The likelihood of finding significant pathology after a complete and adequate colonoscopy is uncertain, but likely to be low. However, if the colonoscopy will answer an important clinical question, it may be valuable to repeat.
- **Should surveillance be modified based on patient race, ethnicity or sex?** If patients have had a high-quality colonoscopy, there's no reason to alter the surveillance interval based on these factors.
- **At what age should colorectal cancer surveillance stop?** The decision to continue colonoscopy in the elderly should be individualized based on an assessment of benefit, risk and other medical conditions.

Task force members:

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¹ Lieberman DA, Rex, DK, Winawer SJ, et al. Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology* 2012; September; 143(3): 844-857

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About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 12,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of

physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. For more information, visit www.gi.org.

About the AGA Institute

The American Gastroenterological Association is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include 17,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA Institute administers the practice, research and educational programs of the organization. www.gastro.org. **Like AGA on Facebook. Join AGA on LinkedIn. Follow us on Twitter @AmerGastroAssn. Check out our videos on YouTube.**

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.

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