

**American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Colorectal Adenomas and Cancer in People at Increased Risk or High Risk**

**INCREASED RISK – People who have a history of polyps on prior colonoscopy**

<b>Risk category</b>	<b>When to test</b>	<b>Recommended test(s)</b>	<b>Comment</b>
People with small rectal hyperplastic polyps	Same age as those at average risk	Colonoscopy, or other screening options at same intervals as for those at average risk	Those with hyperplastic polyposis syndrome are at increased risk for adenomatous polyps and cancer and should have more intensive follow-up.
People with 1 or 2 small (no more than 1 cm) tubular adenomas with low-grade dysplasia	5 to 10 years after the polyps are removed	Colonoscopy	Time between tests should be based on other factors such as prior colonoscopy findings, family history, and patient and doctor preferences.
People with 3 to 10 adenomas, or a large (at least 1 cm) adenoma, or any adenomas with high-grade dysplasia or villous features	3 years after the polyps are removed	Colonoscopy	Adenomas must have been completely removed. If colonoscopy is normal or shows only 1 or 2 small tubular adenomas with low-grade dysplasia, future colonoscopies can be done every 5 years.

People with more than 10 adenomas on a single exam	Within 3 years after the polyps are removed	Colonoscopy	Doctor should consider possible genetic syndrome (such as FAP or Lynch syndrome).
People with sessile adenomas that are removed in pieces	2 to 6 months after adenoma removal	Colonoscopy	If entire adenoma has been removed, further testing should be based on doctor's judgment.
<b>INCREASED RISK – People who have had colorectal cancer</b>			
<b>Risk category</b>	<b>When to test</b>	<b>Recommended test(s)</b>	<b>Comment</b>
People diagnosed with colon or rectal cancer	At time of colorectal surgery, or can be 3 to 6 months later if person doesn't have cancer spread that can't be removed	Colonoscopy to look at the entire colon and remove all polyps	If the tumor presses on the colon/rectum and prevents colonoscopy, CT colonoscopy (with IV contrast) or DCBE may be done to look at the rest of the colon.
People who have had colon or rectal cancer removed by surgery	Within 1 year after cancer resection (or 1 year after colonoscopy to make sure the rest of the colon/rectum was clear)	Colonoscopy	If normal, repeat in 3 years. If normal then, repeat test every 5 years. Time between tests may be shorter if polyps are found or there's reason to suspect Lynch syndrome. After low anterior resection for rectal cancer, exams of the

			rectum may be done every 3 to 6 months for the first 2 to 3 years to look for signs of recurrence.
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**INCREASED RISK – People with a family history**

<b>Risk category</b>	<b>Age to start testing</b>	<b>Recommended test(s)</b>	<b>Comment</b>
Colorectal cancer or adenomatous polyps in any first-degree relative before age 60, or in 2 or more first-degree relatives at any age (if not a hereditary syndrome).	Age 40, or 10 years before the youngest case in the immediate family, whichever is earlier	Colonoscopy	Every 5 years.
Colorectal cancer or adenomatous polyps in any first-degree relative aged 60 or older, or in at least 2 second-degree relatives at any age	Age 40	Same test options as for those at average risk.	Same test intervals as for those at average risk.

**HIGH RISK**

<b>Risk category</b>	<b>Age to start testing</b>	<b>Recommended test(s)</b>	<b>Comment</b>
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<p>Familial adenomatous polyposis (FAP) diagnosed by genetic testing, or suspected FAP without genetic testing</p>	<p>Age 10 to 12</p>	<p>Yearly flexible sigmoidoscopy to look for signs of FAP; counseling to consider genetic testing if it hasn't been done</p>	<p>If genetic test is positive, removal of colon (colectomy) should be considered.</p>
<p>Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), or at increased risk of Lynch syndrome based on family history without genetic testing</p>	<p>Age 20 to 25 years, or 10 years before the youngest case in the immediate family</p>	<p>Colonoscopy every 1 to 2 years; counseling to consider genetic testing if it hasn't been done</p>	<p>Genetic testing should be offered to first-degree relatives of people found to have Lynch syndrome mutations by genetic tests. It should also be offered if 1 of the first 3 of the modified Bethesda criteria is met.*</p>
<p>Inflammatory bowel disease:  -Chronic ulcerative colitis  -Crohn's disease</p>	<p>Cancer risk begins to be significant 8 years after the onset of pancolitis (involvement of entire large intestine), or 12-15 years after the onset of left-sided colitis</p>	<p>Colonoscopy every 1 to 2 years with biopsies for dysplasia</p>	<p>These people are best referred to a center with experience in the surveillance and management of inflammatory bowel disease.</p>