

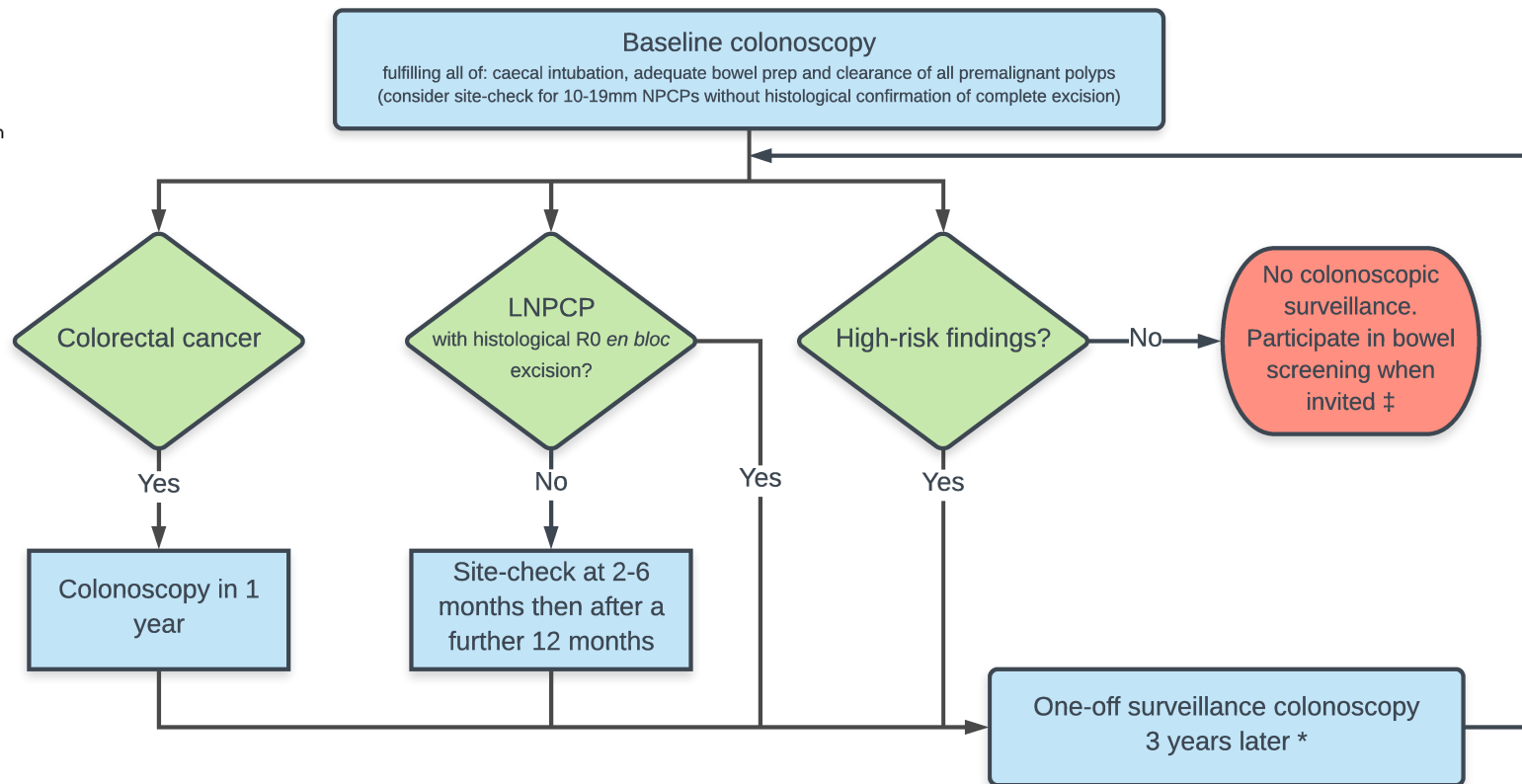


BRITISH SOCIETY OF GASTROENTEROLOGY



Public Health England

# BSG/PHE/ACPGBI Guidelines for Post-polypectomy and Post-cancer-resection Surveillance



**High-risk findings**

- **≥2 premalignant polyps including ≥1 advanced colorectal polyp; or**
- **≥5 premalignant polyps**

*Definitions:*

- *Serrated polyps: umbrella term for hyperplastic polyps, sessile serrated lesions, traditional serrated adenomas and mixed polyps*
- *Premalignant polyps: serrated polyps (excluding diminutive [1-5mm] rectal hyperplastic polyps) and adenomatous polyps*
- *Advanced colorectal polyps: serrated polyp ≥10mm, serrated polyp with dysplasia, adenoma ≥10mm, adenoma with high-grade dysplasia*
- *(L)NPCP: (Large; ≥20mm) non-pedunculated colorectal polyp*

**Exceptions**

\* In general, we recommend no surveillance if life-expectancy <10y or if older than about 75y

‡ If patient is >10y younger than lower screening age and has polyps but no high-risk findings, consider colonoscopy at 5 or 10y

**Refer to BSG hereditary CRC guidelines if:**

Family history (FH) of colorectal cancer (CRC):

- 1 first-degree relative (FDR) diagnosed with CRC <50y, or
- 2 FDRs diagnosed with CRC at any age

Personal history of CRC

- <50y
- any age, who also has FDR with CRC at any age

Personal history of multiple adenomas:

- <60y with lifetime total ≥10 adenomas; or
- ≥60y with lifetime total ≥20 adenomas, or ≥10 + FH CRC/polyposis

Known/suspected inherited CRC predisposition syndromes including

- Lynch Syndrome or other polyposis syndrome
- Serrated Polyposis Syndrome:
  - ≥5 serrated polyps ≥5mm prox to rectum, with ≥2 of ≥10mm; or
  - ≥20 serrated polyps (any size) including ≥5 prox to rectum

Rutter et al., Gut 2020