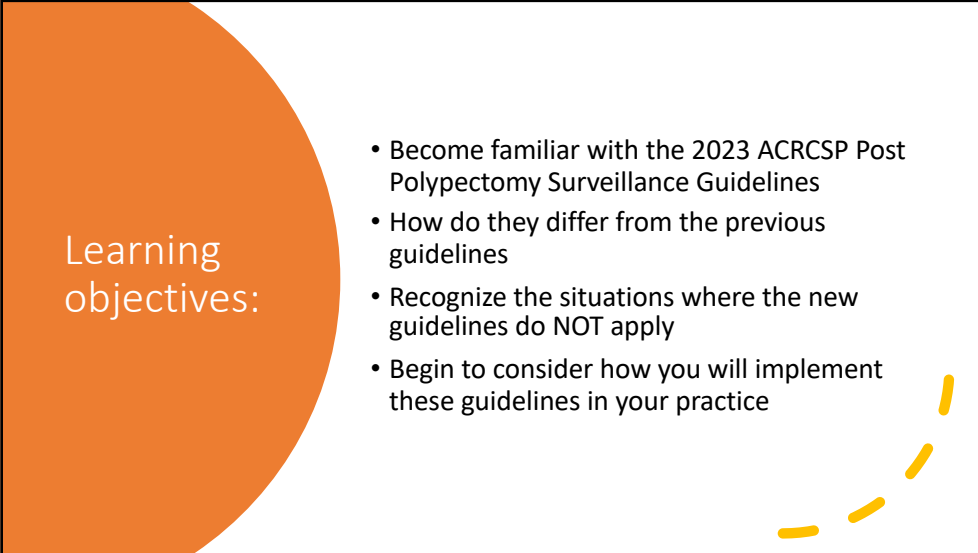
The slide features a large orange semi-circle on the left side. Inside this semi-circle is a yellow sun with a solid yellow center and a dashed yellow arc above it. The background of the slide is white.

Post-polypectomy surveillance. What is new in 2023?

Daniel C. Sadowski
ASEP Conference
Banff 2023

1

The slide features a large orange semi-circle on the left side. The background of the slide is white.

Learning objectives:

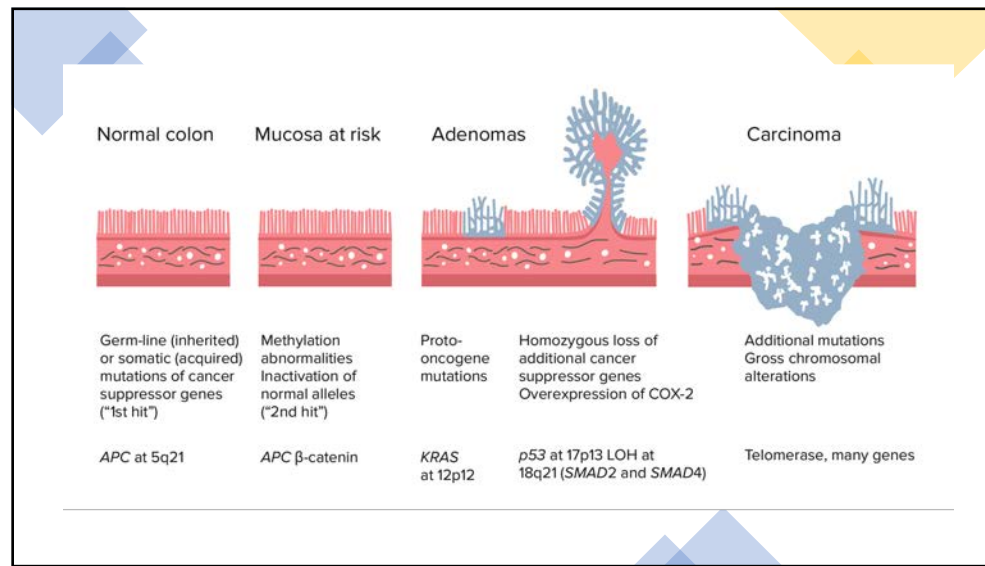
- Become familiar with the 2023 ACRCSP Post Polypectomy Surveillance Guidelines
- How do they differ from the previous guidelines
- Recognize the situations where the new guidelines do NOT apply
- Begin to consider how you will implement these guidelines in your practice

2

Endo Skills 2023: Faculty/Presenter Disclosure

- **Presenter: Daniel Sadowski**
- **Relationships that may introduce potential bias and/or conflict of interest:**
 - **Grants/Research Support: None**
 - **Speakers Bureau/Honoraria: None**
 - **Consulting Fees: None**
 - **Other: Quality Lead Alberta Colorectal Cancer Screening Program**

3



4

Post-polypectomy surveillance: Current state in Alberta

- Last guidelines published by ACRCSP in 2013
- Considerable advances in the scientific literature since that time



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ACRCSP – Guideline Process

- Guideline panel:
 - Co- Chairs – Drs. Sadowski and Kolber
 - Participants – Drs. Sultainian, Hilsden, Gomes, Ryan, Mclean, Nicole Nemecek, Linda Hickle
- Review of relevant existing CPG's worldwide using the AGREE II TOOL
- Commissioned literature review for supplementary questions
- 8 meetings by Zoom from Jun 2021 – April 2022.

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ACRCSP – Guideline Process

- Based on Agree II results – the panel selected the USMTF, ESGE and Ontario guidelines for review
- 4 supplemental literature reviews were commissioned to answer specific questions
- Removed confusing terms High and Low Risk Adenoma
- 14 recommendations
- Voting for consensus on all guideline statements was completed

7

Caveats for new guideline utilization

- **The guideline is only to be applied to a case if:**
 - A high-quality colonoscopy has been carried out
 - Surveillance recommendations must consider baseline risk due to family history
 - Polyp size was objectively estimated in reference to snare diameter
 - All polypectomies were carried out with good technique and all polypectomy material was sent to pathology
 - The decision regarding surveillance interval should be based on the most advanced finding(s) at initial colonoscopy
 - The colonoscopy procedure report should clearly state who is responsible for arranging the follow-up colonoscopy.

8

Recent developments in post-polypectomy surveillance:

- Recognition that small tubular adenomas do not play a significant role in the subsequent development of colorectal cancer
 - Patients who receive a clearing colonoscopy are subsequently at lower risk of colorectal cancer than the average risk population

-Lieberman D, Sullivan BA, Hauser ER, Qin X, Musselwhite LW, O'Leary MC, et al. Baseline colonoscopy findings associated with 10-year outcomes in a screening cohort undergoing colonoscopy surveillance. *Gastroenterol.* 2020; 158(4):862-74.

-Løberg M, Kalager M, Holme Ø, Hoff G, Adami HO, Bretthauer M. Long-term colorectal-cancer mortality after adenoma removal. *N Engl J Med.* 2014 Aug 28;371(9):799-807.

-Park, Suyeon et al. Risk of Metachronous Colorectal Advanced Neoplasia and Cancer in Patients With 3–4 Nonadvanced Adenomas at Index Colonoscopy: A Systematic Review and Meta-Analysis *American Journal of Gastro* 2022

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Recent guidelines now recommend less aggressive follow-up for low-risk lesions

- USMSTF:2020
 - 1-2 tubular adenoma – colonoscopy in 7-10 years – essentially average risk.
- ESGE 2021:
 - For TA's less than 5 in number – return to average risk screening
 - Villous component not a relevant finding

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Initial Colonoscopy Findings of: Tubular Adenomas

AGREE II tool overall assessment	75%	67%	58%	ACRCSP 2023 NEW	Alberta ACR CSP 2013 (current)
Colonoscopy Findings:	Europe ESGE (Hassan, et al. 2020)	United States USMSTF (Gupta, et al. 2020)	Ontario CCO (Dubé, et al. 2019)		
1-2 Tubular Adenoma(s) <10mm	Return to screening program (or colonoscopy in 10 years if no screening program exists).	Colonoscopy 7- 10 years	FIT in 5 years	FIT in 5 years	Colonoscopy 5 -10 years
3-4 Tubular Adenomas <10mm		3-5 years	3 years	Colonoscopy in 5 years	3 years
5-10 Tubular Adenomas <10mm	3 years	3 years		3 years	
≥10mm in size					
High Grade Dysplasia	Return to screening program ¹	3 years	3 years	3 years	3 years
Villous/Tubulovillous					
>10 Tubular Adenomas	Genetic counselling	1 year and genetic counselling	Within 1 year and genetic assessment ⁴	Within 1 year and genetic counselling ³	< 3 years

ESGE: European Society of Gastrointestinal Endoscopy; USMSTF: United States Multi Society Task Force; CCO: Cancer Care Ontario; ACR CSP: Alberta Colorectal Cancer Screening Program

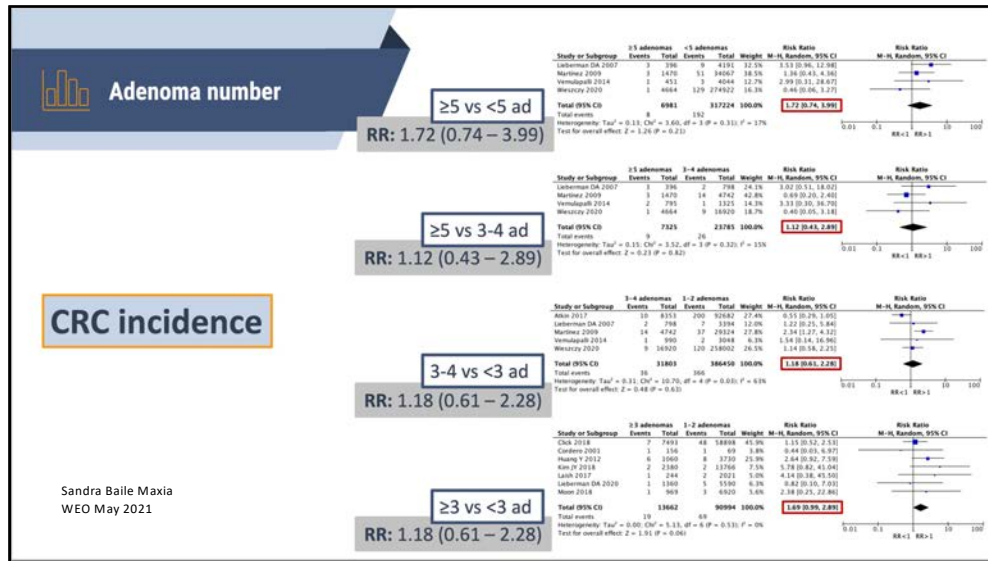
11

Initial Colonoscopy Findings of: Tubular Adenomas

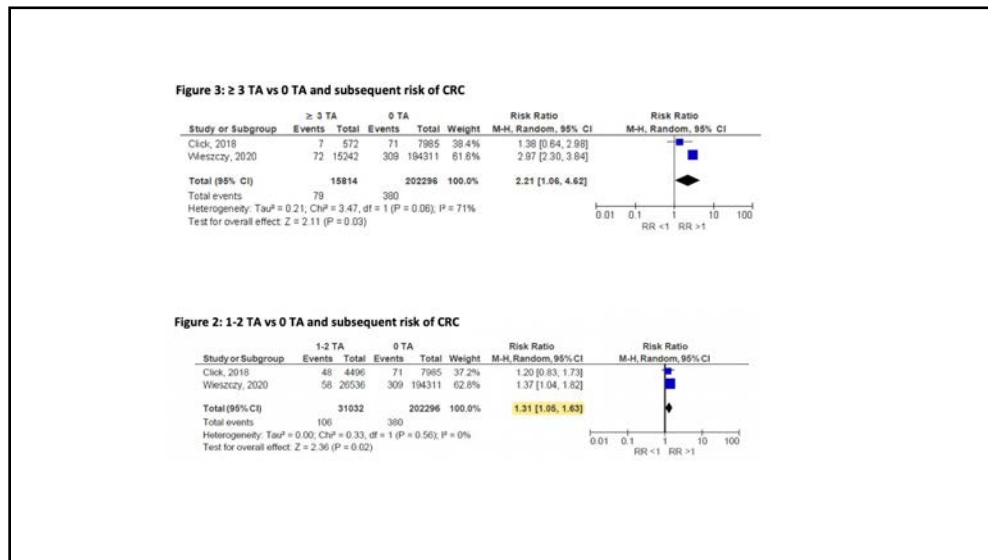
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3-4 Tubular Adenomas <10mm		3-5 years		Colonoscopy in 5 years	
5-10 Tubular Adenomas <10mm	3 years	3 years	3 years	3 years	3 years
≥10mm in size					
High Grade Dysplasia					
Villous/Tubulovillous	Return to screening program ¹				
>10 Tubular Adenomas	Genetic counselling	1 year and genetic counselling	Within 1 year and genetic assessment ⁴	Within 1 year and genetic counselling ²	< 3 years

ESGE: European Society of Gastrointestinal Endoscopy; USMSTF: United States Multi Society Task Force; CCO: Cancer Care Ontario; ACRCSP: Alberta Colorectal Cancer Screening Program

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Recent developments in post-polypectomy surveillance:

- Recognition that villous features in TA's do not play an independent role in the development of CRC
 - A reflection of polyp size
 - Large inter-observer variability

-Lieberman D, Sullivan BA, Hauser ER, Qin X, Musselwhite LW, O'Leary MC, et al. Baseline colonoscopy findings associated with 10-year outcomes in a screening cohort undergoing colonoscopy surveillance. *Gastroenterol.* 2020; 158(4):862-74.
 -Løberg M, Kalager M, Holme Ø, Hoff G, Adami HO, Bretthauer M. Long-term colorectal-cancer mortality after adenoma removal. *N Engl J Med.* 2014 Aug 28;371(9):799-807.
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Initial Colonoscopy Findings of: Tubular Adenomas

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3-4 Tubular Adenomas <10mm		3-5 years		Colonoscopy in 5 years	
5-10 Tubular Adenomas <10mm	3 years	3 years	3 years	3 years	3 years
≥10mm in size					
High Grade Dysplasia	Return to screening program ¹				
Villous/Tubulovillous					
≥10 Tubular Adenomas	Genetic counselling	1 year and genetic counselling	Within 1 year and genetic assessment ⁴	Within 1 year and genetic counselling ^{2,3}	< 3 years

ESGE: European Society of Gastrointestinal Endoscopy; USMSTF: United States Multi Society Task Force; CCO: Cancer Care Ontario; ACRCSP: Alberta Colorectal Cancer Screening Program

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Serrated lesions:
Current state

Confusing and inconsistent nomenclature:

- Hyperplastic polyps
- Sessile serrated adenoma/polyp with or without dysplasia
- Sessile serrated lesions
- Traditional serrated adenoma.

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The WHO Classification of serrated polyps

- Sessile Serrated Lesion
 - SSL without dysplasia
 - SSL with dysplasia
- Hyperplastic polyp
 - *Note - Unreliable demarcation for HPS > 1cm. Consider as SSL*
- Traditional serrated adenoma

WHO Classification has been adopted by the Alberta Provincial GI Pathology Group 2020

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Initial Colonoscopy Findings of: SSL

Colonoscopy Findings:	Europe ESGE (Hassan, et al. 2020)	United States USMSTF (Gupta, et al. 2020)	Ontario CCO (Dubé, et al. 2019)	ACRCSP 2023 New	Alberta ACRCSP 2013 (current)
1-2 SSP <10 mm in size	Any serrated polyp without dysplasia <10 mm. Return to screening program (or colonoscopy in 10 years if no screening program exists).	Colonoscopy in 5-10 years	Colonoscopy in 5 years	Colonoscopy in 5 years	Colonoscopy in 5 years
3-4 SSP <10 mm in size		Colonoscopy in 3-5 years			
5-10 SSP <10 mm in size		Colonoscopy in 3 years			
≥ 10mm in size (any number)	Colonoscopy in 3 years		Colonoscopy in 3 years	Colonoscopy in 3 years	
[with] dysplasia (any size)					
Traditional serrated adenoma (any size)					Colonoscopy in: 3 years if dysplasia; 5 years if 1-2 <10mm or no dysplasia
[large] SSP removed piecemeal	Colonoscopy in 3-6 months following piecemeal of polyps >20mm	Colonoscopy in 6 months	Colonoscopy in ≤6 months	Colonoscopy in ≤6 months	Repeat colonoscopy 2-6 mos, then 3 years
Serrated polyposis syndrome	No recommendation [†]	No recommendation [†]	Colonoscopy in 1 year [†]	Colonoscopy in 1 year [†]	Colonoscopy in 1 year

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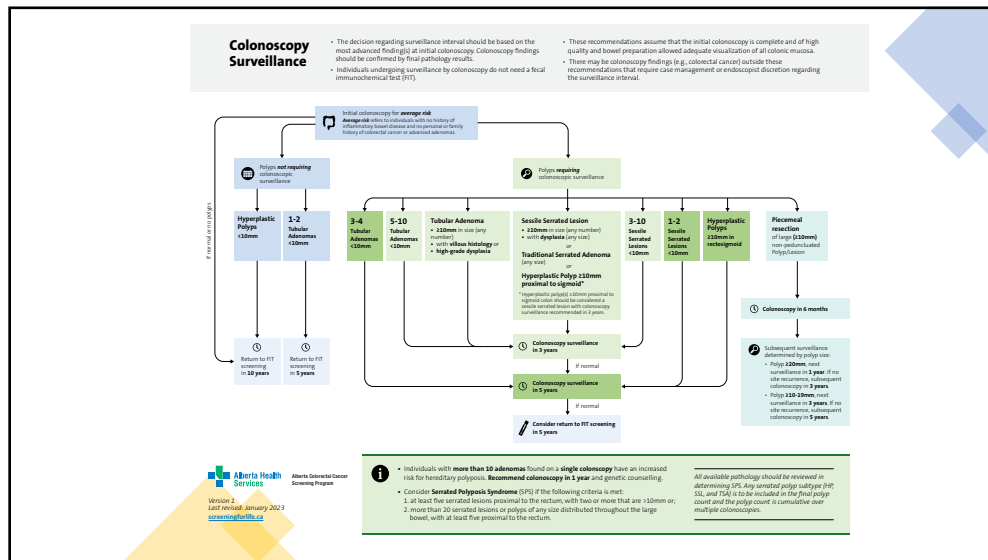
ACRCSP Recommendations for Post-Polypectomy Surveillance

Initial Colonoscopy Findings	Recommendations for next test & Interval	Subsequent colonoscopy for polyps/lesions requiring surveillance
Normal or no polyps	FIT screening in 10 years ¹	
Hyperplastic polyp(s) <10mm	Colonoscopy in 3 years if proximal to sigmoid colon ² 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.
Hyperplastic polyp(s) ≥10mm		
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		
>10mm in size	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.
Villous histology or high-grade dysplasia		
>10 tubular adenomas	Colonoscopy in 1 year and genetic counselling ³	At endoscopic 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 SSL(s) <10mm		
>10 mm in size (any number)	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.
[with] dysplasia (any size)		
Traditional serrated adenoma (any size)		
Serrated polyposis syndrome ⁴	Colonoscopy in 1 year	At endoscopic discretion
Piecemeal Resection		
Large (≥10mm) non-pedunculated polyp or lesion	Colonoscopy ⁵ 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*. If no recurrence detected at resection site, subsequent colonoscopy surveillance in 5 years

*More than 20 hyperplastic polyps, especially if proximal to sigmoid colon, consider serrated polyposis syndrome⁴
¹Hyperplastic polyp(s) ≥10mm proximal to sigmoid colon should be considered a sessile serrated lesion (SSL) with colonoscopy surveillance recommended in 3 years.
²Consider 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 resected.
³Serrated 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.
⁴For recto-sigmoid lesions, the choice of limited flexible sigmoidoscopy vs full colonoscopy is left to endoscopist's discretion.
⁵Consideration for 12 month follow-up if high grade dysplasia, resection required multiple passes or challenging position noted.

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Case 1:

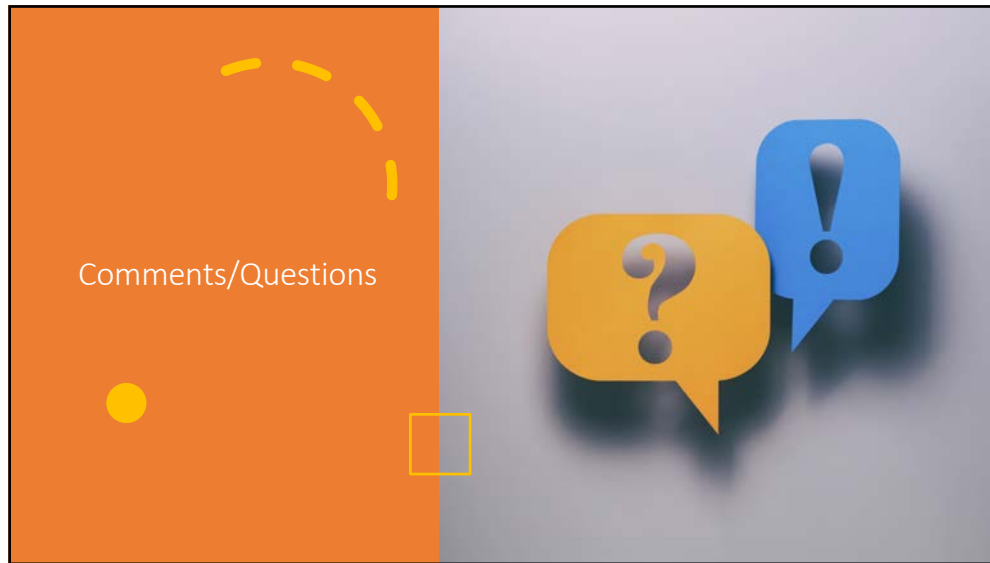
- You receive a referral from a PCP colleague
- 70 y.o. female otherwise healthy. Colonoscopy 5 years ago for mild rectal bleeding – Two 5mm tubular adenomas completely removed.
- Good bowel prep. No family history
- You would:
 - Book direct to procedure colonoscopy?
 - Write back to PCP advising no colonoscopy. Offer FIT test?
 - See patient in office and discuss options?
 - Something else?

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Case 2:

- You do a colonoscopy on a 60-year-old male for positive FIT test
- Two 5mm TA's completely removed from sigmoid colon
- Good bowel prep.
- Family history – 2 FDR's with CRC age 65 and 60
- You would:
 - Recommend no further screening
 - Recommend FIT in 5 years
 - Recommend repeat colonoscopy in 5 years
 - Something else?

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