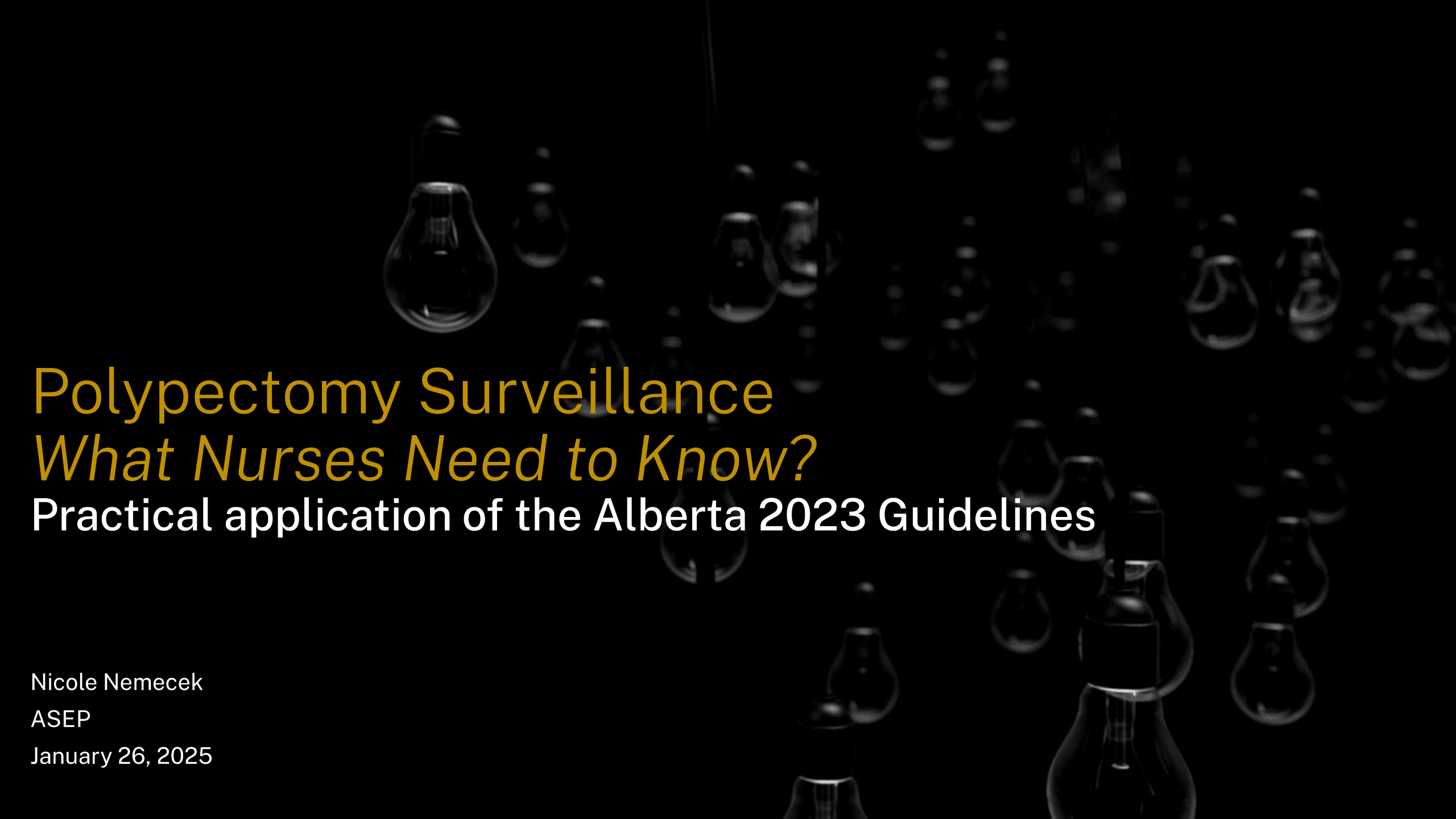


Polypectomy Surveillance
What Nurses Need to Know?
Practical application of the Alberta 2023 Guidelines

Nicole Nemecek
ASEP
January 26, 2025

Learning Objectives:

Understand the importance of Polypectomy Surveillance

Recognize different polyp types and their risk of malignancy

Learn the key updates in Alberta's Polypectomy Surveillance Guidelines

Discern situations where the new guidelines are not applicable.

Endo Skills 2025: Presenter Disclosure

Presenter:

Nicole Nemecek

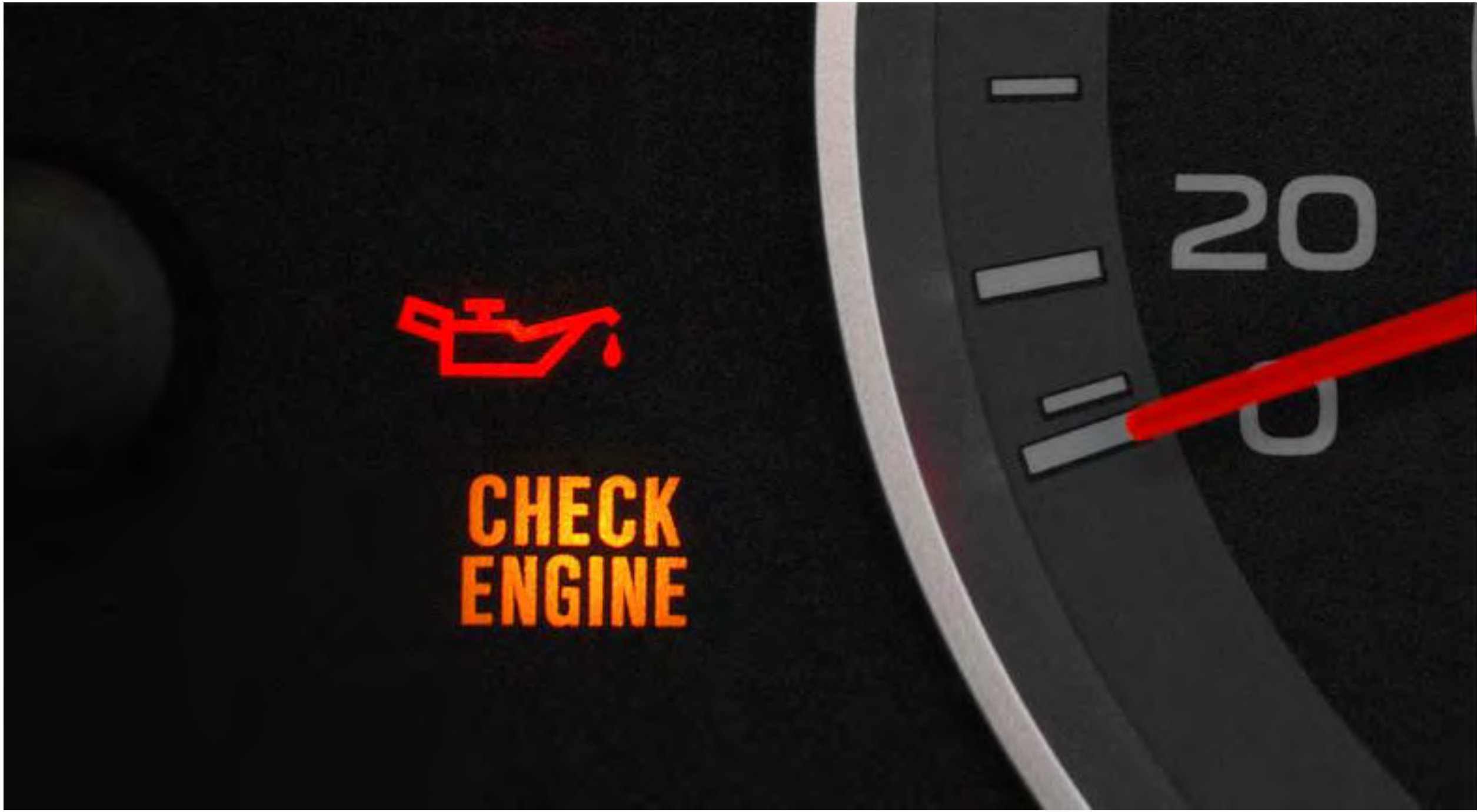
Relationships that may introduce potential bias and/or conflict of interest:

Grants/Research Support: None

Speakers Bureau/Honoraria: None

Consulting Fees: None

Other: Manager for Alberta Colorectal Cancer Screening Program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What is Polypectomy Surveillance?

- Monitoring patients after the removal of polyps to prevent colorectal cancer by detecting recurrence or new polyps.

Why surveillance matters?

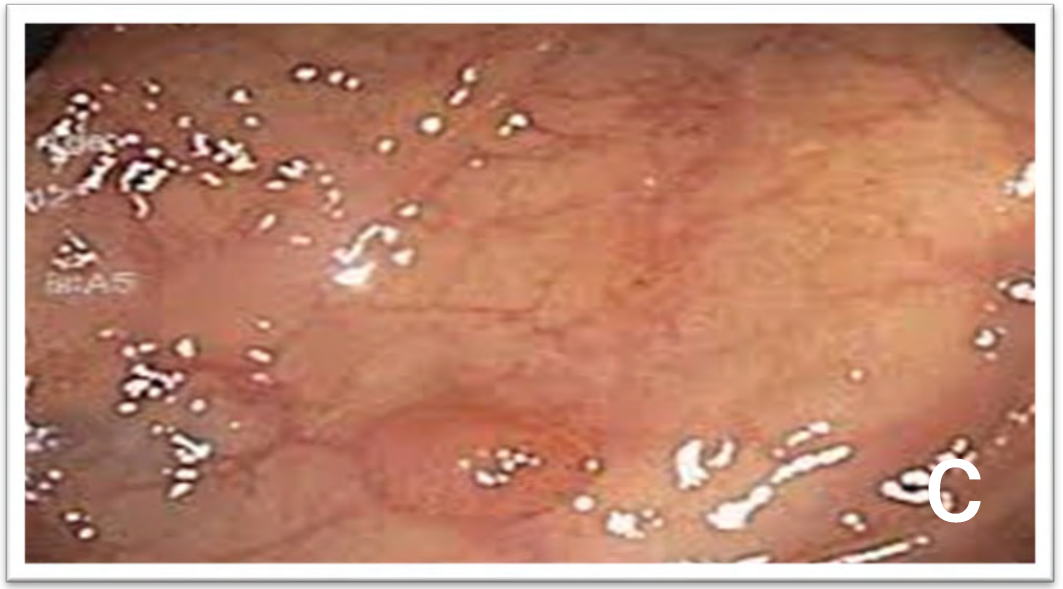
- Reduces the risk of CRC progression
- Ensures timely and appropriate follow-up care
- Optimizes healthcare resources

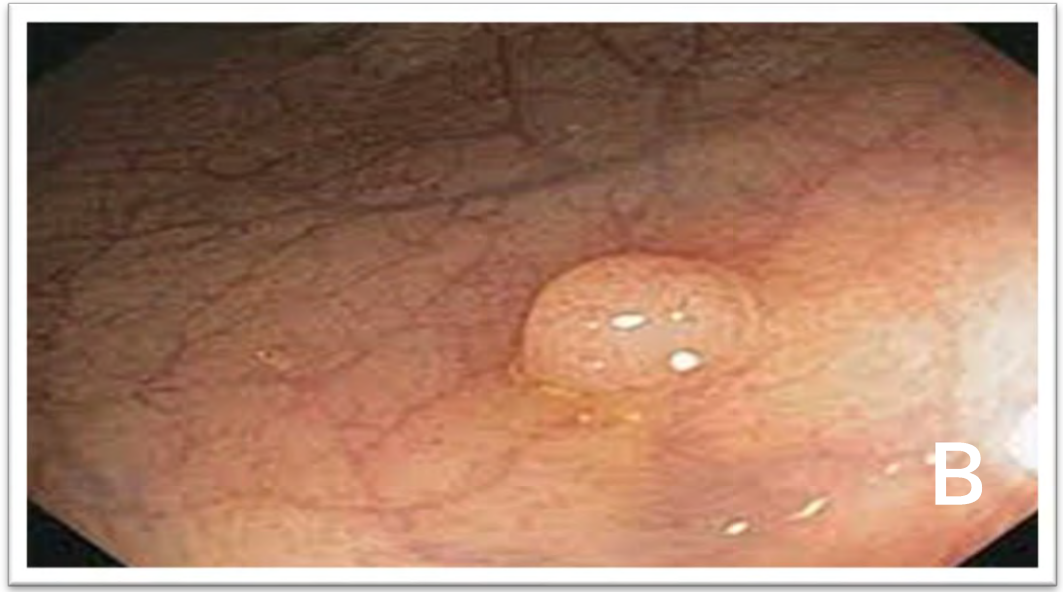
Polyps 101

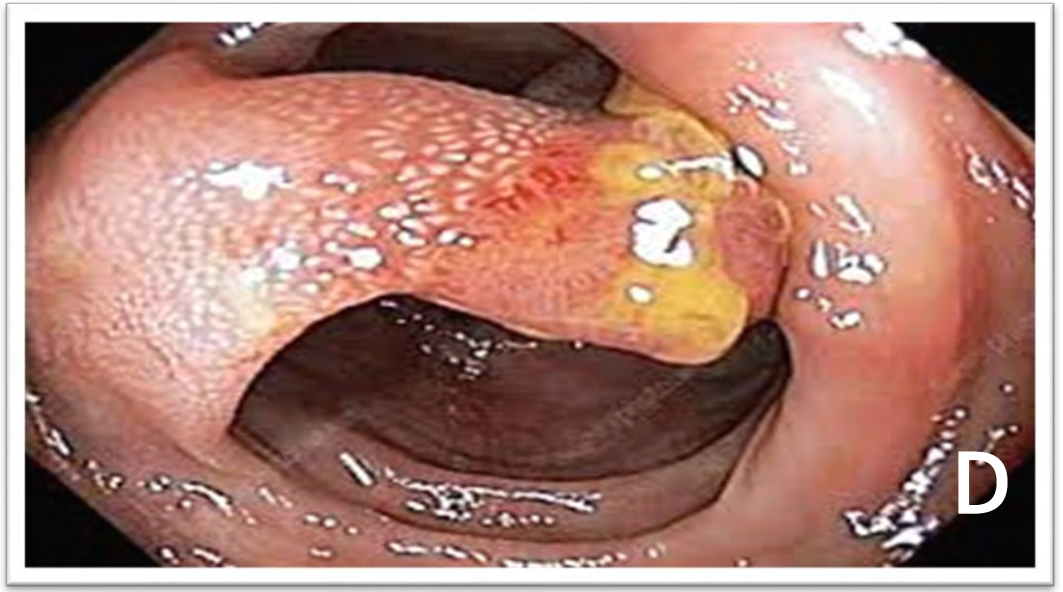
Types of Polyps

Adenoma Tubular	• Most common type, about 70% of polyps found are adenomas	• Most do not develop into cancer. • Higher threat if >10mm
Villous or tubulovillous	• 15% of polyps found	• Most do not develop into cancer, although larger one pose higher threat.
Sessile Serrated with dysplasia Traditional serrated adenoma	• 10-15% of polyps found	• Often flat and hard to detect. • Cause 20-30% of colon cancers.
Hyperplastic polyps	• Usually small (<5mm) and located in distal colon or rectum.	• Considered low risk. • If >10mm and proximal to sigmoid should be treated as sessile serrated lesion

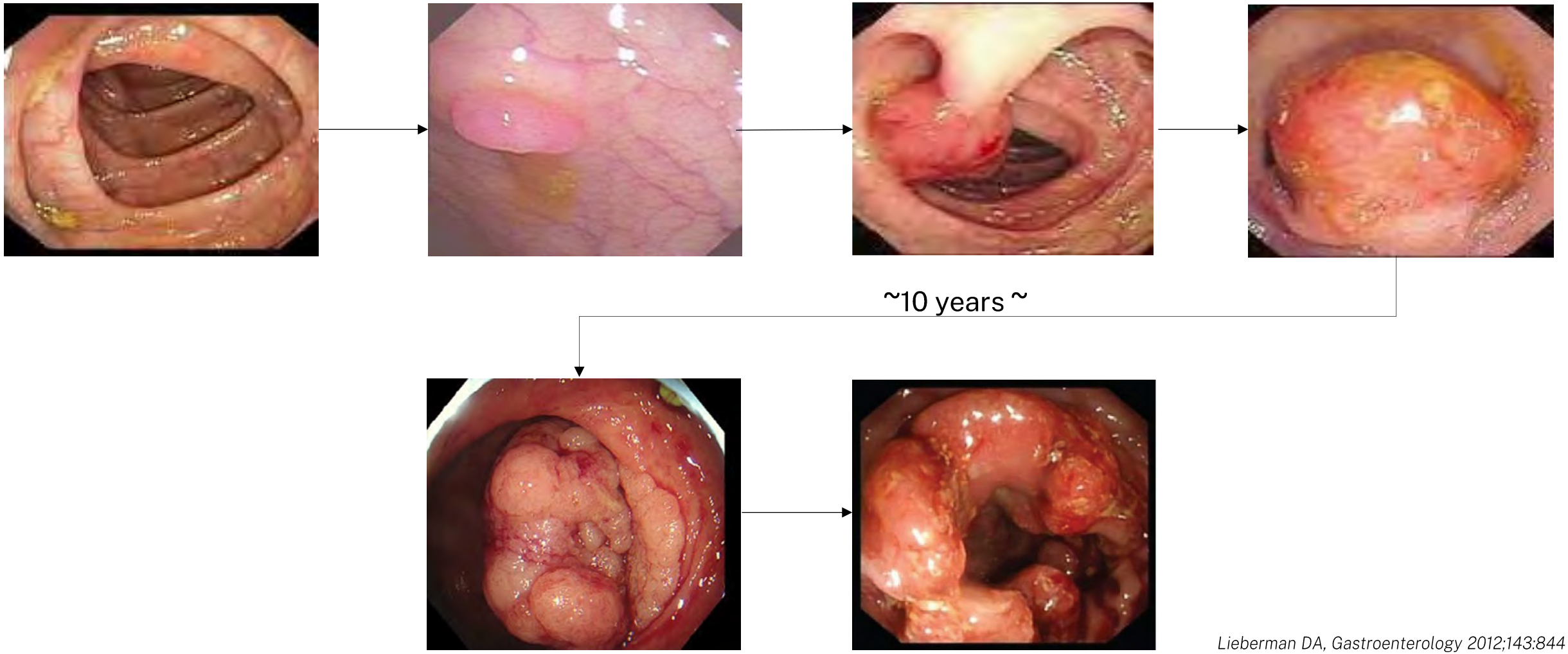
Polyp Types: Who's Who in the Colon?







Natural History of Colorectal Cancer: The *adenoma-carcinoma* sequence



Lieberman DA, Gastroenterology 2012;143:844
Zauber AG, N Engl J Med 2012;366:687

The Need for Updated Polypectomy Guidelines in Alberta

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

Introduction to the Alberta Colorectal Cancer Screening Program

- Province-wide, organized cancer screening program
- Coordinated by Alberta Health Services
- Designed to encourage Albertans aged 50 to 74 to get screened
- Aims to reduce the number of colorectal cancer-related deaths in the province.

To learn more, visit screeningforlife.ca/colorectal

Recent Developments in Polyp Surveillance:

- Small tubular adenomas do not play a significant role in the development of colorectal cancer
  - Patients who have a clearing colonoscopy are at lower risk of colorectal cancer compared to the general population

The Alberta Guideline Process Overview

Panel
Co-Chairs:
Drs. Sadowski & Kolber
Participants:
Drs. Sultainian, Hilsden, Gomes, Ryan, Mclean,
Nicole Nemecek,
Linda Hickle

Review of relevant existing guidelines worldwide using the AGREE II TOOL

Commissioned literature reviews for supplementary questions

8 meetings by Zoom from Jun '21 – April '22

Voting consensus for 14 recommendations

Lessons from Other Jurisdictions

Ontario 2019:

1-2 tubular adenoma = FIT in 5 years

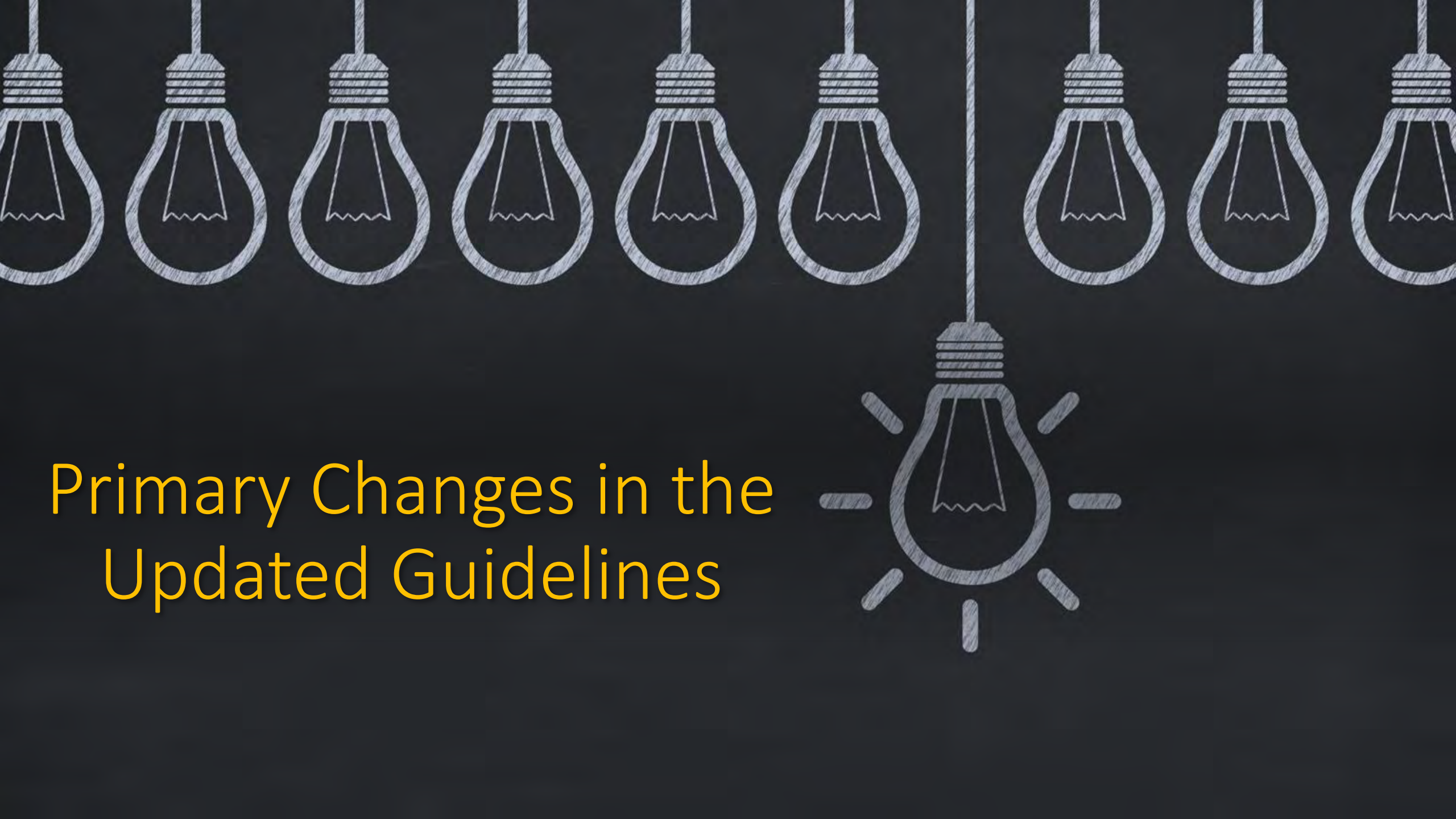
USA 2020:

1-2 tubular adenoma = Colonoscopy in 7-10 years

Europe 2021:

1-4 tubular adenomas = Return to Average Risk Screening

Primary Changes in the Updated Guidelines



Applying the Guidelines: Key Requirements

The guideline is only to be applied to a case if:

A high-quality colonoscopy must be completed.

Baseline risk, including family history, must guide surveillance recommendations.

Polyp size should be measured objectively using snare diameter.

Polypectomies must be performed skillfully, with all materials sent to pathology.

Surveillance intervals are based on the most advanced findings from the initial colonoscopy.

The procedure report must specify who is responsible for arranging follow-up.

Surveillance Recommendations for 1-2 Tubular Adenomas <10 mm

ACRCSP 2013 Recommendation:

Colonoscopy in 5-10 years

ACRCSP 2023 Recommendation:

FIT in 5 years

Alberta Health Services | Alberta Colorectal Cancer Screening Program

Surveillance Recommendations for 3-4 Tubular Adenomas <10 mm

ACRCSP 2013 Recommendation:

Colonoscopy in 3 years

ACRCSP 2023 Recommendation:

????

Influence of the number of adenomas on CRC risk:

Figure A1: ≥ 3 vs. < 3 TA and subsequent risk of CRC

Study or Subgroup	≥3 Events	Total	<3 Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Anderson, 2018	22	164	114	1410	24.0%	1.66 [1.08, 2.54]
Atkin, 2017	10	1029	200	10915	19.3%	0.53 [0.28, 1.00]
Click, 2018	7	572	48	4496	16.1%	1.15 [0.52, 2.52]
Cross, 2020	14	1006	232	10846	21.5%	0.65 [0.38, 1.11]
Wieszczy, 2020	10	3085	120	38693	19.1%	1.05 [0.55, 1.99]
Total (95% CI)		**5856**		**66360**	**100.0%**	**0.94 [0.59, 1.49]**
Total events	63		714			

Heterogeneity: Tau² = 0.19; Chi² = 12.48, df = 4 (P = 0.01); I² = 68%
Test for overall effect: Z = 0.27 (P = 0.79)

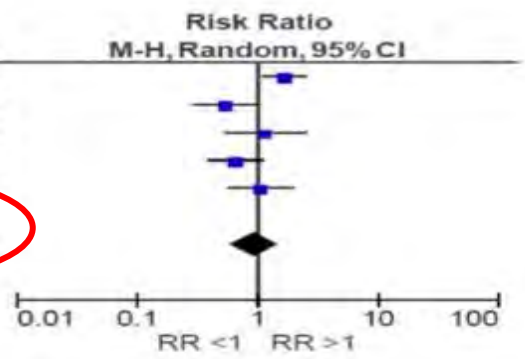
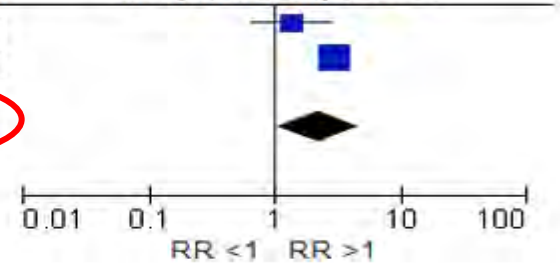


Figure 3: ≥ 3 TA vs 0 TA and subsequent risk of CRC

Study or Subgroup	≥ 3 TA Events	Total	0 TA Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Click, 2018	7	572	71	7985	38.4%	1.38 [0.64, 2.98]
Wieszczy, 2020	72	15242	309	194311	61.6%	2.97 [2.30, 3.84]
Total (95% CI)		**15814**		**202296**	**100.0%**	**2.21 [1.06, 4.62]**
Total events	79		380			

Heterogeneity: Tau² = 0.21; Chi² = 3.47, df = 1 (P = 0.06); I² = 71%
Test for overall effect: Z = 2.11 (P = 0.03)



Surveillance Recommendations for 3-4 Tubular Adenomas <10 mm

ACRCSP 2013 Recommendation:

Colonoscopy in 3 years

ACRCSP 2023 Recommendation:

Colonoscopy in 5 years

Alberta Health Services | Alberta Colorectal Cancer Screening Program

Consensus on Nomenclature for Serrated Lesions

ACRCSP 2013:

Sessile serrated adenoma/polyp

ACRCSP 2023:

Sessile Serrated Lesion

Key Highlights of the Alberta 2023 Guidelines

Simplified surveillance intervals based on polyp type.

Reduction in follow-up for small adenomas.

Clear recommendations for determining who needs colonoscopy vs. FIT

https: screeningforlife.ca h-providers/colorectal-screening-information/#clinical_practice_guidelines

Alberta Health Services SCREENING FOR LIFE.CA

Where to Get Screened | Order Free FIT Kit

Breast | Cervical | Colorectal | Lung | For Health Providers | About Us | Other Cancers

Share this page

Screening For Life > For Health Providers > Colorectal Screening Information

Colorectal Screening

Clinical practice guidelines | Resources for FIT

Bowel preparation instructions for colonoscopy | Resources for colonoscopy

All colorectal screening resources | Resources for FIT Mail-out

This section contains the clinical practice guidelines followed in

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[i]	
Hyperplastic polyp(s) <10mm		
Hyperplastic polyp(s) ≥10mm	Colonoscopy in 3 years if proximal to sigmoid colon[ii] 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.
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	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.
≥10mm in size		
Villous histology or high-grade dysplasia		
>10 tubular adenomas	Colonoscopy in 1 year and genetic counselling[iii]	At endoscopist 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 SSLs <10mm	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.
≥10 mm in size (any number)		
[with] dysplasia (any size)		
Traditional serrated adenoma (any size)		
Serrated polyposis syndrome[iv]	Colonoscopy in 1 years	At endoscopist discretion
Piecemeal Resection		
Large (≥10mm) non-pedunculated polyp or lesion	Colonoscopy[v] 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[vi]. If no recurrence detected at resection site, subsequent colonoscopy surveillance in 5 years

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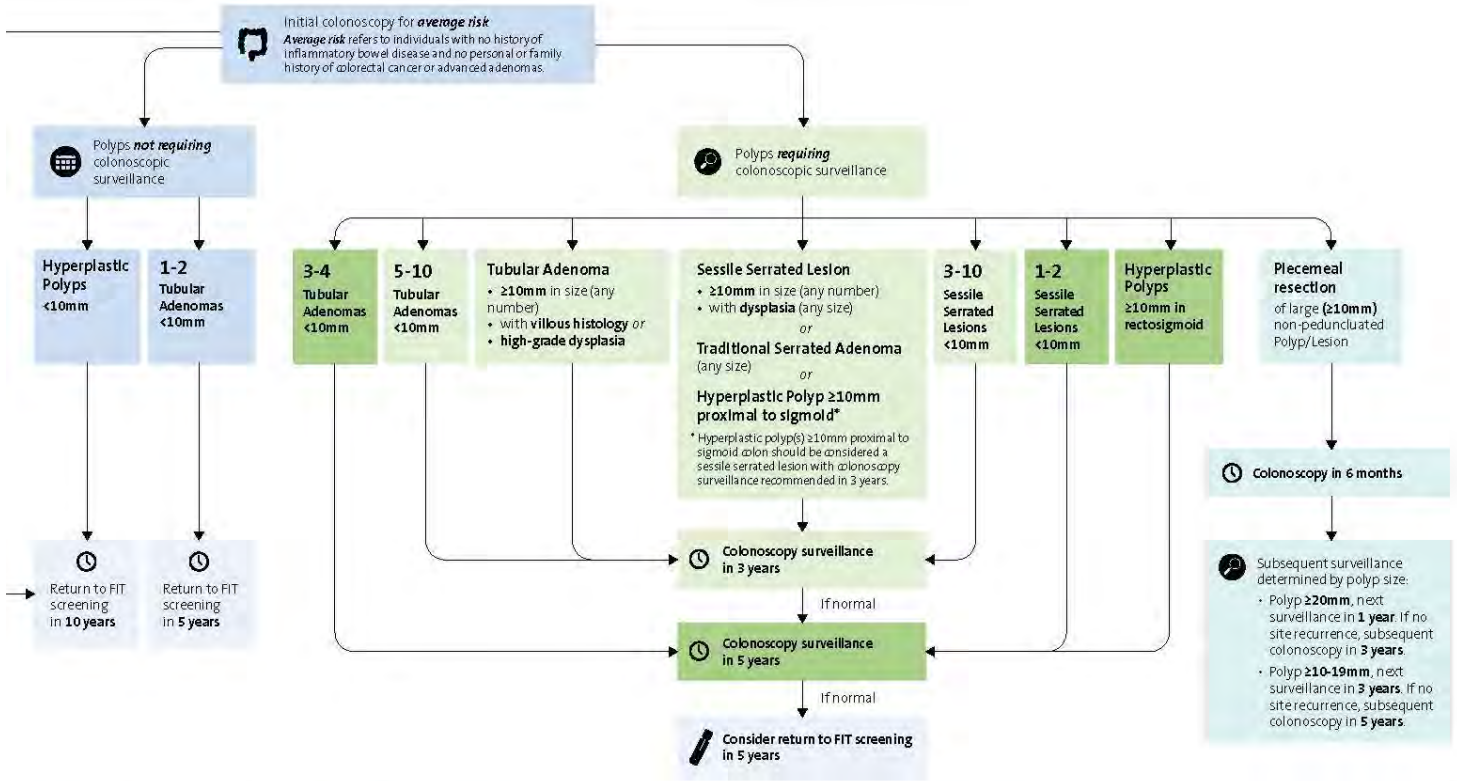
Colonoscopy Surveillance

- The decision regarding surveillance interval should be based on the most advanced finding(s) at initial colonoscopy. Colonoscopy findings should be confirmed by final pathology results.
- Individuals undergoing surveillance by colonoscopy do not need a fecal immunochemical test (FIT).
- These recommendations assume that the initial colonoscopy is complete and of high quality and bowel preparation allowed adequate visualization of all colonic mucosa.
- There may be colonoscopy findings (e.g., colorectal cancer) outside these recommendations that require case management or endoscopist discretion regarding the surveillance interval.



- Individuals with **more than 10 adenomas** found on a **single colonscopy** have an increased risk for hereditary polyposis. **Recommend colonoscopy in 1 year** and genetic counselling.
- Consider **Serrated Polyposis Syndrome** (SPS) if the following criteria is met:
  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.

All available pathology should be reviewed in determining SPS. Any serrated polyp subtype (HP, SSL, and TSA) is to be included in the final polyp count and the polyp count is cumulative over multiple colonoscopies.

Alberta Health Services
Alberta Colorectal Cancer Screening Program
on 1
revised: January 2023
eningforlife.ca

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Alberta Colorectal Cancer Screening Program

Colonoscopy Surveillance Algorithm

Scan the QR code above to go directly to the Colonoscopy Surveillance Algorithm on screeningforlife.ca

Case 1:

- A 54-year-old male with a positive FIT test undergoes a colonoscopy.
- Colonoscopy Findings: 4 small (<10mm) tubular adenomas completely removed from descending colon.
- Bowel prep: Adequate.
- Family history: None.

According to the new guidelines, what should we recommend for this patient?

a) FIT in 5 years
b) Repeat colonoscopy in 5 years
c) Repeat colonoscopy in 3 years
d) Something else?

Case 2:

- A 70-year-old female had two 5mm tubular adenomas completely removed 5 years ago.
- Bowel prep: Adequate.
- Family history: None.

According to the new guidelines, what should we recommend for this patient?

a) Colonoscopy

b) FIT test

c) Discussion with their HCP to discuss options?

d) Something else?

Information for Primary Care Providers

Follow-up Colonoscopy & Post Polypectomy Surveillance: New Recommendations for Alberta in 2023

Version 1
Published: May 2023
screeningforlife.ca

The AHS Alberta Colorectal Cancer Screening Program (ACRCSP) revised the 2013 Alberta Post Polypectomy Surveillance Guidelines.

These guidelines are for individuals who are **average risk**, with **no symptoms** and **no first-degree relatives with colorectal cancer (CRC)**. The surveillance recommendations are based on findings from the initial (baseline) colonoscopy.

Individuals with family history of CRC in 1 or more first degree relative (parent, sibling, child) are considered at increased risk. Please refer to TOP CRC screening guidelines for family history at **actt.albertadoctors.org**

The revised guidelines will support physicians and their patients to make evidence informed, shared decisions, addressing:

- Which patient should commence surveillance by **colonoscopy** and who should return to average risk screening with the **fecal immunochemical test (FIT)**; and,
- How **often** screening should take place

2023 ACRCSP Recommendation

For a colonoscopy finding of:

__Note:__ these are only the primary changes or what's new or different from 2013.

For a colonoscopy finding of sessile serrated lesion(s) (SSL) the recommendations are unchanged from 2013. Please refer to the QR code for more information.

1 or 2 tubular adenomas <10mm	Recommend **FIT in 5 years**
3 or 4 tubular adenomas <10mm	Recommend **colonoscopy in 5 years**
5 to 10 tubular adenomas <10mm	Recommend **colonoscopy in 3 years**
Any tubular adenoma ≥10mm in size **or** with villous histology **or** high-grade dysplasia	Recommend **colonoscopy in 3 years**

2013 ACRCSP Recommendation

For a colonoscopy finding of:

1 or 2 tubular adenomas <10mm	Repeat colonoscopy in 5 to 10 years
3 to 10 tubular adenomas <10mm	Repeat colonoscopy in 3 years

There is new evidence that **low risk polyps do not require aggressive surveillance.**

- Small (<10mm) tubular adenomas do not play a significant role in the subsequent development of colorectal cancer.
- Patients who received a high-quality colonoscopy are subsequently at lower risk of colorectal cancer than the average risk population.

How do I use the new guidelines?

- For patients who are now due for their 5-year colonoscopy follow-up for 1-2 small tubular adenomas, **screening with FIT is a valid option that some patients may prefer.**
- The decision to resume surveillance with FIT or colonoscopy should be a **shared decision.**
- Some screening centers and endoscopists **may not accept referral for colonoscopy for low-risk lesions** based on this new evidence.

Visit **screeningforlife.ca** for more information on the new surveillance guidelines and supporting resources.

Alberta Health Services

Alberta Colorectal Cancer Screening Program

Case 3:

- A 60-year-old male with a positive FIT test undergoes a colonoscopy.
- Colonoscopy Findings: Two 5mm Tubular adenomas completely removed from sigmoid colon
- Bowel prep: Adequate.
- Family history: 2 first-degree relatives with CRC (ages 60 and 65).

According to the new guidelines, what should we recommend for this patient?

a) No further screening
b) FIT in 5 years
c) Repeat colonoscopy in 5 years
d) Something else?

Comments/Questions

Resources

- Guideline: ACRCSP Polypectomy Surveillance Guidelines
- Manuscript: Post-polypectomy surveillance: follow-up recommendations from the Alberta Colorectal Cancer Screening Program | Journal of the Canadian Association of Gastroenterology | Oxford Academic
- Our website: www.screeningforlife.ca

Posters/PDFs

- View all our available resources under the “For Health Providers” tab on Screening for Life
  - Colorectal Screening Information - Screening For Life | Screening For Life
- Order any of the resources through the catalogue
  - DCM|FLEX Home

Videos

- Colonoscopy Video Series - Colonoscopy video series
- Contact us directly at acrcsp@ahs.ca

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