Clinical Practice Guidelines

Target Population: Age 50 - 74 **AVERAGE RISK Average Risk** = Asymptomatic with **no** personal history of: a) Colorectal adenomatous polyps b) Colorectal Cancer (CRC) c) 1st degree family history of CRC d) Inflammatory bowel disease Average Risk = with one 2nd degree relative affected with CRC 1st line screening Fecal Immunochemical Test (FIT) provided by Program FIT normal/ **FIT not** FIT abnormal/ negative processed positive Re-invited in 2 New FIT sent Pre-colonoscopy years by Program by Program assessment by Program 2nd line screening Colonoscopy (CS) arranged by Program Normal/ **Small hyperplastic** Abnormal/ **Negative** polyp **Positive** Out of Program Re-Invited in 10 Re-Invited in 10 Any adenomas years by Program years by Program Endoscopist

Unable to undergo CS

Other diagnostic investigation based on clinical judgment

Incomplete CS

2nd CS within 60 days or other diagnostic investigation

For more information, call the NB Cancer Screening line at 1-844-777-3443 or visit GNB.CA/SCREENING.

New Brunswick Cancer Network, March 2022

NOT AVERAGE RISK

One 1st degree relative >60 years with CRC or adenomatous polyp or two or more 2nd degree relatives with polyps or CRC

1st Line screening (FOBT q 2 years) beginning at age 40 and/or refer to specialist

One 1st degree relative <60 years with CRC or adenomatous polyps or two or more 1st degree relatives at any age with polyp or CRC

CS q 5 years. Begin at age 40 or 10 years earlier than youngest relative diagnosed with CRC

Familial Adenomatous Polyposis (FAP)

Flexible sigmoidoscopy annually beginning at age 10 - 12

Attenuated FAP

CS annually beginning at age

Inflammatory Bowel Disease Ulcerative Colitis or Crohn's Disease

CS 8 – 10 years after disease onset

Pancolitis

1st decade = CS 8 years after

 2^{nd} decade = CS q 3 years

3rd **decade** = CS q 2 years

4th decade = CS annually

Left sided Colitis

Begin screening 15 years after onset

Hereditary Nonpolyposis Colorectal Cancer (HNPCC) or Lynch Syndrome

CS q 1 to 2 years beginning at age 20 or 10 years younger than the earliest case in the family, whichever comes first

Identified Genetic Mutation

Refer to appropriate specialist

Surveillance by

Numerous polyps

CS after short interval based on clinical judgment, consider looking for hereditary syndrome

Large sessile serrated adenoma (>1 cm)

CS in 3 years

Cancer of colon or rectum

Referred for definitive management



