

- Following a negative fecal immunochemical test (FIT) an individual who continues to be age eligible (between 50 and 74 years of age) and has not had a colorectal cancer in the past five (5) years:
  - Re-screen through the Screening Program for Colorectal Cancer in two (2) years with a FIT.
- Participants who will be over the age of 74 years of age at the next screening interval are not recommended for programmatic screening due to greater screening-related risks.
  - Screening is at the discretion of the family physician or specialist.
- Colonoscopy is the recommended follow up for positive FIT. The colonoscopy report should make a recommendation for re-screening. The intervals are as suggested on the table below.

Polyp Number	Size	Histology	Number of Years	Surveillance Method
No polyps			5	Return to FIT Screening Program
Small	<10 mm	Hyperplastic distal colon	5	
1-2	<10 mm	Tubular adenomas	5	Surveillance colonoscopy
3-10		Tubular adenomas	3	
>10		Adenomas	1	
≥1	≥10 mm	Tubular adenomas	3	
≥1		Advanced adenoma, villous	3	
1		Adenomas, high grade dysplasia	3	
Sessile serrated	<10 mm	No dysplasia	5	
Sessile serrated	≥10 mm	No dysplasia	3	
Sessile serrated		Dysplasia	3	
Traditional serrated adenoma			3	
Serrated polyposis syndrome			1	

If the Screening Program for Colorectal Cancer has not received the colonoscopy report or recommendation for follow up, a FIT will be sent every two years.

Saskatchewan guideline based on [www.cag-acg.org](http://www.cag-acg.org).

A copy of these guidelines can be downloaded at [www.saskcancer.ca/spcrc-guidelines](http://www.saskcancer.ca/spcrc-guidelines).

For more information, visit [www.saskcancer.ca/spcrc](http://www.saskcancer.ca/spcrc) or call 1-855-292-2202.

# Colorectal Cancer Screening Guidelines

## Screening Program for Colorectal Cancer Screens Average Risk Men and Women 50-74 Years of Age

Screening Program for Colorectal Cancer software will automatically send a fecal immunochemical test (FIT) by mail at the appropriate interval based on last FIT and/or last colonoscopy follow-up recommendation. Client can call 1-855-292-2202 for a FIT.

## Primary Care Practitioner Screening

Note: If the individual is symptomatic, refer directly to colonoscopy. Encourage non-symptomatic patients to complete the FIT mailed to their home by the Screening Program for Colorectal Cancer. Client can call 1-855-292-2202 for a FIT.

## Summary of Recommendations for Screening for Colorectal Cancer in Individuals with a Family History According to Decreasing Level of Elevated Risk of Colorectal Cancer. Saskatchewan Recommendation based on Canadian Association of Gastroenterology Clinical Practice Guideline.

Highest risk



Lowest Risk

	<b>2 or More First-Degree Relatives with Colorectal Cancer</b>	<b>1 First-Degree Relative with Colorectal Cancer</b>	<b>1 or More First-Degree Relatives with Documented Advanced Adenoma</b>	<b>1 or More Second-Degree Relatives with Colorectal Cancer</b>	<b>1 or More First-Degree Relatives with Any Non-Advanced Adenoma</b>
Preferred screening test	Colonoscopy	Colonoscopy	No recommendation for a preferred test. Colonoscopy or FIT are both options.	According to average-risk guidelines	According to average-risk guidelines
Age	40 years or 10 years younger than age of diagnosis of earliest diagnosed first-degree-relative, whichever is earlier*	40-50 years or 10 years younger than age of diagnosis of first-degree-relative, whichever is earlier*	40-50 years or 10 years younger than age of diagnosis of earliest diagnosed first-degree relative, whichever is earlier*	50 years	
Interval	Colonoscopy: 5 years	Colonoscopy: 5 years	Colonoscopy: 5 years or FIT: 2 years	According to average-risk guidelines	

\*The age of the affected relative should be considered when making clinical decisions regarding screening.

## Colonoscopy Screening of Patients at High Risk Due to Polyposis or Inflammatory Bowel Disease

Family history of hereditary non-polyposis colorectal cancer	Family history of familial adenomatous polyposis	Personal history of inflammatory bowel disease
Genetic counselling and testing Colonoscopy every 1-2 years, beginning at age 20 or 10 years younger than the earliest case in the family, whichever is first	Genetic counselling and testing Flexible sigmoidoscopy annually beginning at age 10-12	Regular surveillance colonoscopy every 1 or 2 years beginning 8-10 years after onset of pancolitis, Crohn's, colitis, or 12-15 years after onset of left side colitis