

- Following a negative fecal immunochemical test (FIT) an individual who continues to be asymptomatic, average risk, and age eligible (between 50 and 74 years of age):
 - 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	

The Screening Program for Colorectal Cancer receives the date of the colonoscopy from the Medical Services Branch for clients ages 50 to 74. The next FIT mailing date is then automatically moved forward by five years each time a client has a colonoscopy.

Saskatchewan guidelines based on www.cag-acg.org.

A copy of these guidelines can be downloaded at www.saskcancer.ca/spcrc-guidelines.

For more information, visit 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. Clients 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. Clients 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

	2 or More First-Degree Relatives with Colorectal Cancer	1 First-Degree Relative with Colorectal Cancer	1 or More First-Degree Relatives with Documented Advanced Adenoma	1 or More Second-Degree Relatives with Colorectal Cancer	1 or More First-Degree Relatives with Any Non-Advanced Adenoma
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