



BowelScreen

An Clár Náisiúnta Scagthástála Putóige
The National Bowel Screening Programme

BowelScreen Surveillance Overview

BowelScreen BSG explanatory notes and pathway

<p>BSG risk category</p>	<p>Within these updated guidelines the BSG defined 2 risk categories:</p> <ul style="list-style-type: none"> • Low-risk is no high-risk findings • High-risk <ul style="list-style-type: none"> • ≥ 2 premalignant polyps including ≥ 1 advanced colorectal polyp • ≥ 5 or more premalignant polyps
<p>Low-risk findings</p>	<p>For individuals with no high-risk findings:</p> <ul style="list-style-type: none"> • No colonoscopic surveillance should be undertaken • Individuals are returned to routine FIT recall.
<p>High-risk findings</p>	<p>For individuals at high-risk:</p> <ul style="list-style-type: none"> • Surveillance colonoscopy at 3 years • BSG guidelines do not generally recommend surveillance colonoscopy for those over 75 years. However, every patient should be able to discuss their own case with their doctor, to weigh up risks and benefits of having further colonoscopy.
<p>En bloc EMR or ESD of LNPCPs</p>	<p>Surveillance after histopathologically en bloc R0 EMR or ESD of Large Non-Pedunculated Colorectal Polyps (LNPCPs):</p> <ul style="list-style-type: none"> • No site checks are required • Surveillance colonoscopy at 3 years • Further surveillance colonoscopy to be determined in accordance with post polypectomy high-risk criteria.

BowelScreen BSG explanatory notes and pathway continued

<p>Piecemeal EMR or ESD of LNPCPs</p>	<p>Surveillance after piecemeal EMR or ESD of LNPCPs</p> <ul style="list-style-type: none"> • Site check at 2-6 months and 18 months from original resection. • Once no recurrence is confirmed patients should undergo post polypectomy surveillance at 3 years • Further surveillance colonoscopy to be determined in accordance with the post polypectomy high-risk criteria.
<p>Completeness of excision cannot be determined</p>	<p>Surveillance where histological completeness of excision cannot be determined in patients with (i) a non-pedunculated colorectal polyp (NPCP) of 10-19 mm in size, or (ii) an adenoma containing high-grade dysplasia, or (iii) a serrated polyp containing any dysplasia:</p> <ul style="list-style-type: none"> • Site check should be considered within 2-6 months (Clinical decision at local unit level and if site check indicated to be recorded on COR as a planned procedure) • Further surveillance colonoscopy to be determined in accordance with the post polypectomy high-risk criteria.
<p>Ongoing surveillance</p>	<p>Ongoing colonoscopic surveillance</p> <ul style="list-style-type: none"> • To be determined by the findings at each surveillance procedure, using the high-risk criteria • Where there are no high-risk findings, individuals return to routine FIT recall.

Large Non-Pedunculated Colorectal Polyp (LNPCP):

A LNPCP is a flat polyp ≥ 20 mm.

Description of LNPCP and High-Risk Findings

(as per BSG Guidelines 2020)

High Risk Findings:

High Risk Findings are defined as: ≥ 2 premalignant polyps (Including ≥ 1 advanced polyp)

OR

≥ 5 premalignant polyps

Description of LNPCP and High-Risk Findings
(as per BSG Guidelines 2020)

Premalignant Polyps:

Serrated polyps (excluding 1-5 mm rectal hyperplastic polyp) and adenomatous polyps.

Serrated polyps are:

Hyperplastic Polyps

Sessile Serrated Lesions

Traditional serrated lesions

Mixed polyp types

Advanced Polyp:

Serrated polyps ≥ 10 mm (see serrated polyps)

Serrated polyps any size with dysplasia

Adenomas ≥ 10 mm

Adenomas any size with high grade dysplasia

Possible outcomes following completed Index Colonoscopy

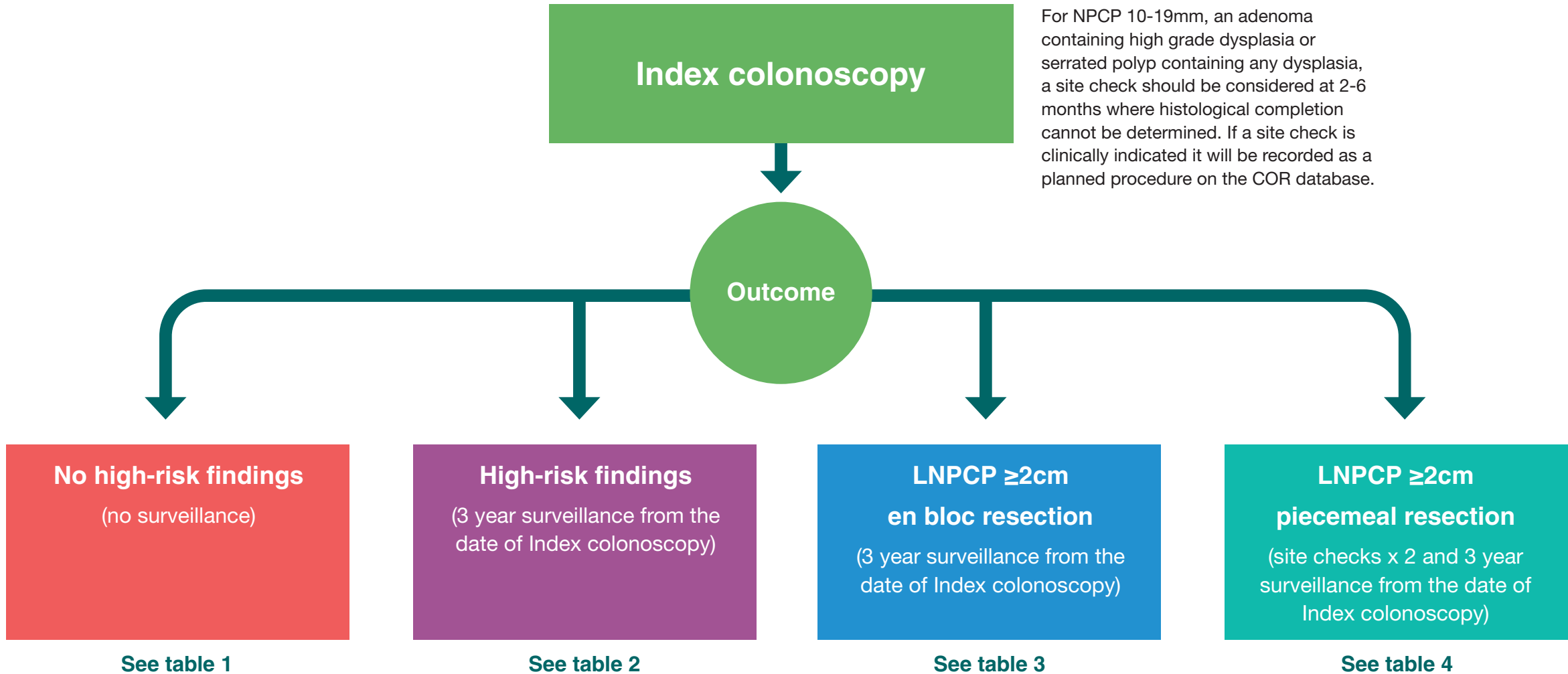


Table 1 MDM decision: No high-risk findings

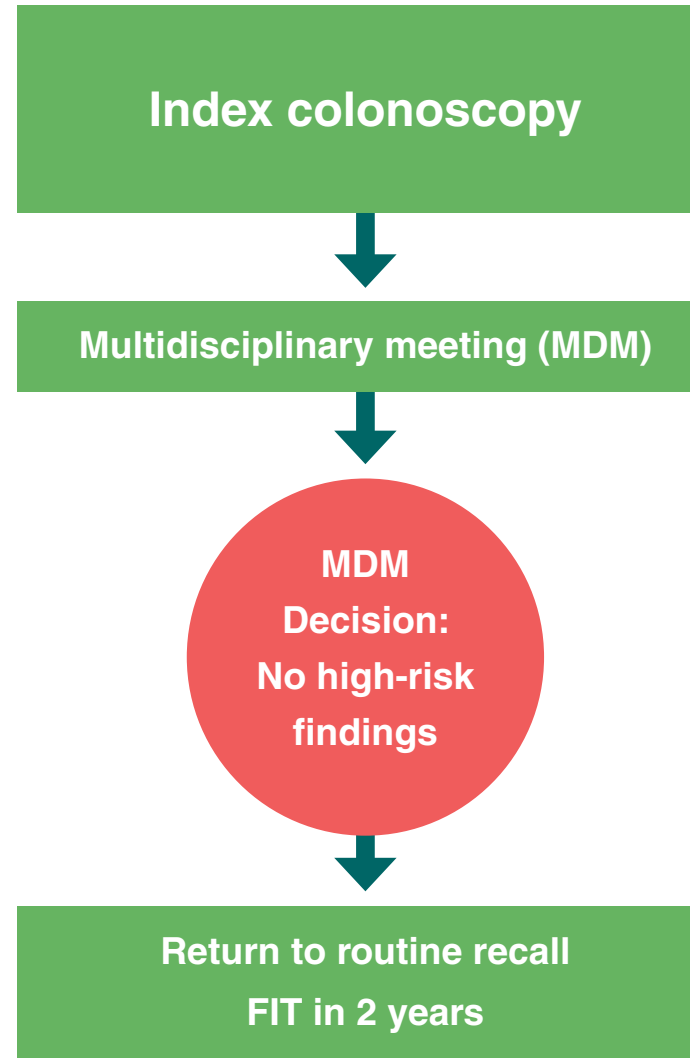


Table 2: MDM decision: **High-risk findings**

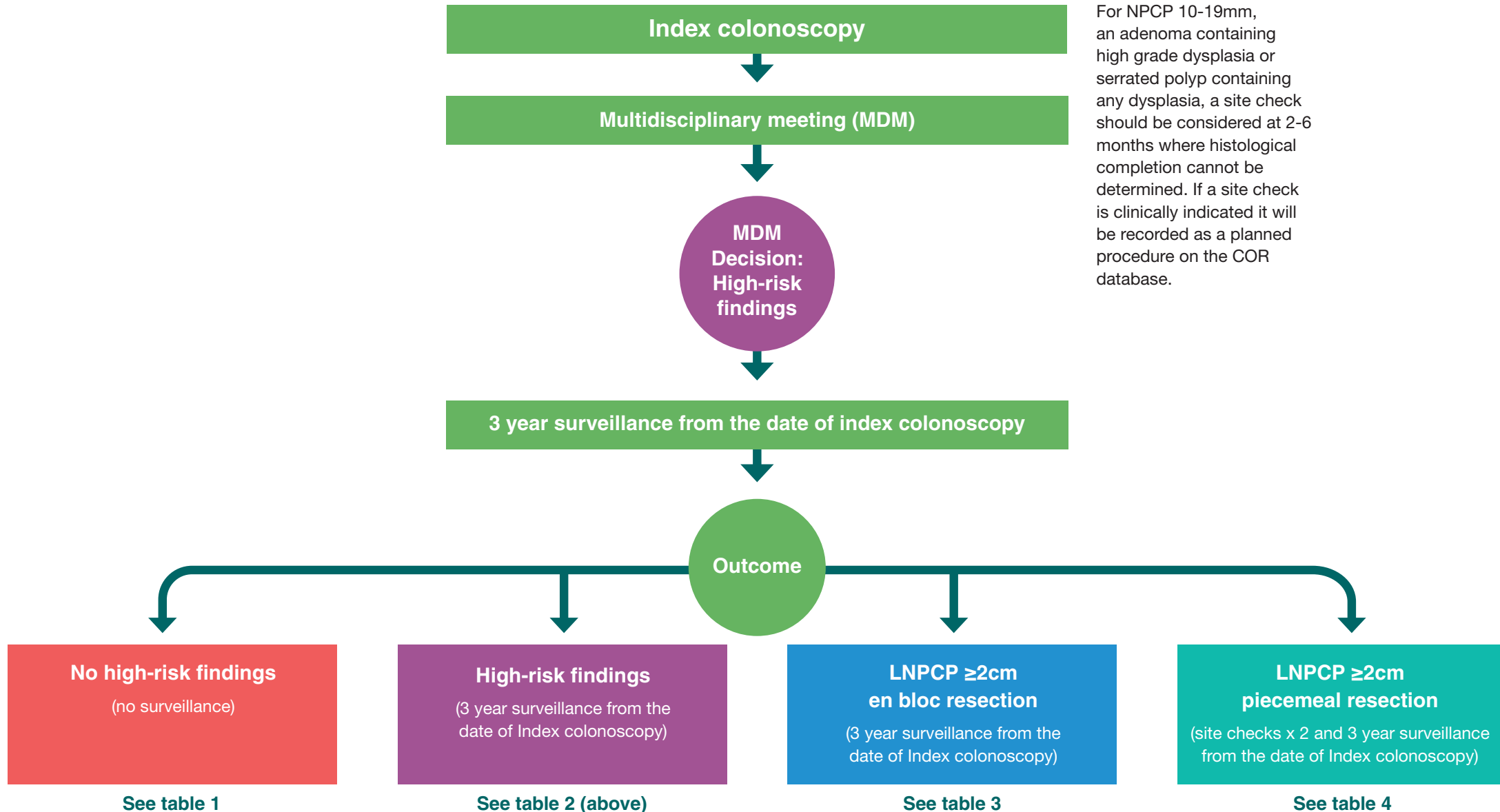


Table 3: MDM decision: : LNPCP ≥ 2 cm en bloc resection

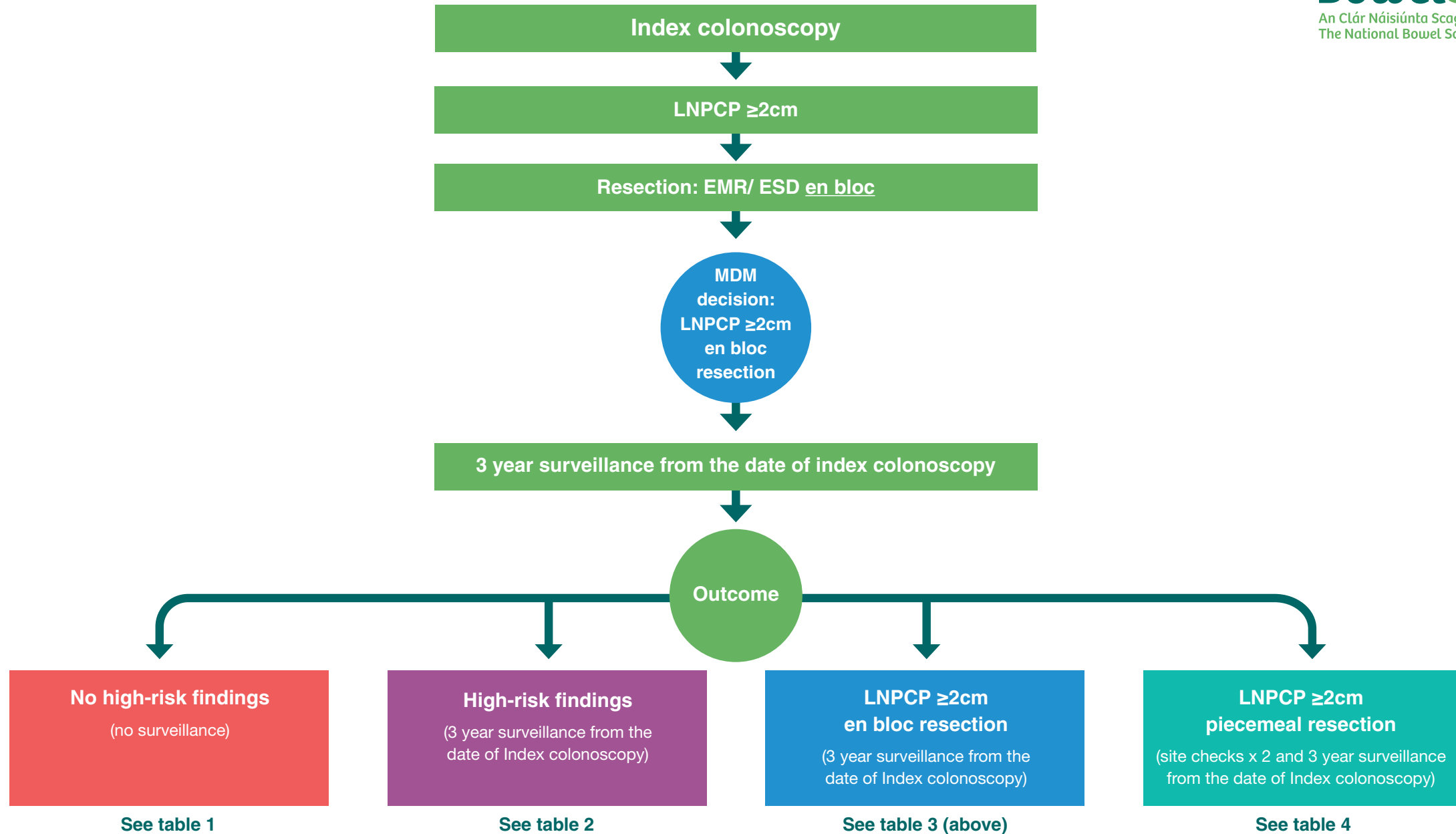


Table 4: MDM decision: LNPCP $\geq 2\text{cm}$ piecemeal resection

