### BSG/PHE/ACPGBI Guidelines for Post-polypectomy and Post-cancer-resection Surveillance

#### Baseline colonoscopy
- Filling all of: caecal intubation, adequate bowel prep and clearance of all premalignant polyps (consider site-check for 10-19mm NPCPs without histological confirmation of complete excision)

#### Colorectal cancer
- Yes
  - Colonoscopy in 1 year
- No
  - LNPCP with histological R0 en bloc excision?
    - Yes
      - Site-check at 2-6 months then after a further 12 months
    - No
      - High-risk findings?
        - Yes
          - One-off surveillance colonoscopy 3 years later *
        - No
          - Colorectal cancer

#### LNPCP
- Yes
  - High-risk findings?
    - Yes
      - One-off surveillance colonoscopy 3 years later *
    - No
      - No colonoscopic surveillance. Participate in bowel screening when invited ‡
- No
  - Colorectal cancer

#### Exceptions
* In general, we recommend no surveillance if life-expectancy <10y or if older than about 75y
‡ If patient is >10y younger than lower screening age and has polyps but no high-risk findings, consider colonoscopy at 5 or 10y

#### High-risk findings
- ≥2 premalignant polyps including ≥1 advanced colorectal polyp; or
- ≥5 premalignant polyps

**Definitions:**
- Serrated polyps: umbrella term for hyperplastic polyps, sessile serrated lesions, traditional serrated adenomas and mixed polyps
- Premalignant polyps: serrated polyps (excluding diminutive [1-5mm] rectal hyperplastic polyps) and adenomatous polyps
- Advanced colorectal polyp: serrated polyp ≥10mm, serrated polyp with dysplasia, adenoma ≥10mm, adenoma with high-grade dysplasia
- (LN)PCP: Large, ≥20mm) non-pedunculated colorectal polyp

#### Refer to BSG hereditary CRC guidelines if:
- Family history (FH) of colorectal cancer (CRC):
  - 1 first-degree relative (FDR) diagnosed with CRC <50y, or
  - 2 FDRs diagnosed with CRC at any age
- Personal history of CRC
  - <50y
  - any age, who also has FDR with CRC at any age
- Personal history of multiple adenomas:
  - <50y with lifetime total ≥10 adenomas; or
  - ≥50y with lifetime total ≥20 adenomas, or ≥10 + FH CRC/polyposis
- Known/suspected inherited CRC predisposition syndromes including
  - Lynch Syndrome or other polyposis syndrome
  - Serrated Polyposis Syndrome:
    - ≥5 serrated polyps ≥5mm prox to rectum, with ≥2 of ≥10mm; or
    - ≥20 serrated polyps (any size) including ≥5 prox to rectum

* Rutter et al., Gut 2020