

# People with inflammatory bowel disease

Offer colonoscopic surveillance to people whose symptoms started 10 years ago and who have:

- ulcerative colitis (but not proctitis alone) or
- Crohn's colitis involving more than one segment of colon

Offer a baseline colonoscopy with chromoscopy and targeted biopsy of any abnormal areas to determine the risk of developing colorectal cancer

## Low risk

- Left-sided ulcerative colitis (but not proctitis alone) or Crohn's colitis of a similar extent **or**
- Extensive but quiescent ulcerative colitis **or**
- Extensive but quiescent Crohn's colitis

## Intermediate risk

- Extensive ulcerative or Crohn's colitis with mild active inflammation (confirmed endoscopically or histologically) **or**
- Post-inflammatory polyps **or**
- Family history of colorectal cancer in a first-degree relative aged 50 or over

## High risk

- Extensive ulcerative or Crohn's colitis with moderate or severe active inflammation (confirmed endoscopically **or** histologically) **or**
- Primary sclerosing cholangitis (including after liver transplant) **or**
- Colonic stricture in the past 5 years **or**
- Any grade of dysplasia in the past 5 years **or**
- Family history of colorectal cancer in a first-degree relative aged under 50

## Follow-up

Offer colonoscopy with chromoscopy at 5 years

## Follow-up

Offer colonoscopy with chromoscopy at 3 years

## Follow-up

Offer colonoscopy with chromoscopy at 1 year

If colonoscopy is incomplete offer a repeat colonoscopy with chromoscopy. Consider whether a more experienced colonoscopist is needed

## Findings at follow-up

Offer the next colonoscopy with chromoscopy based on the person's risk at their last complete colonoscopy. **Low risk – offer at 5 years | Intermediate risk – offer at 3 years | High risk – offer at 1 year**

*\*\*Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas (NICE, 2011)*

# People with adenomas

Provide information and support

For people who have had adenomas removed use the findings at removal to determine the risk of developing colorectal cancer

## Low risk

One or two adenomas smaller than 10 mm

## Intermediate risk

- Three or four adenomas smaller than 10 mm or
- One or two adenomas if one is 10 mm or larger

## High risk

- Five or more adenomas smaller than 10 mm or
- Three or more adenomas if one is 10 mm or larger

## Follow-up

Consider colonoscopy at 5 years

## Follow-up

Offer colonoscopy at 3 years

## Follow-up

Offer colonoscopy at 1 year

- If colonoscopy is incomplete offer a repeat colonoscopy. Consider whether a more experienced colonoscopist is needed
- If colonoscopy is not clinically appropriate, consider computed tomographic colonography (CTC\*). If CTC is not available or appropriate consider double contrast barium enema. Discuss the risks and benefits with the person and their family or carers if these techniques are being considered for ongoing surveillance

## Findings at follow-up

- **No adenomas** – stop surveillance
- **Low risk** – consider the next colonoscopy at 5 years. Follow up as for low risk
- **Intermediate risk** – offer the next colonoscopy at 3 years. Follow up as for intermediate risk
- **High risk** – offer the next colonoscopy at 1 year. Follow up as for high risk

## Findings at follow-up

- **No adenomas** – offer the next colonoscopy at 3 years. Stop surveillance if there is a further negative result
- **Low or intermediate risk** – offer the next colonoscopy at 3 years. Follow up as for intermediate risk
- **High risk** – offer the next colonoscopy at 1 year. Follow up as for high risk

## Findings at follow-up

- **No adenomas, or low or intermediate risk** – offer the next colonoscopy at 3 years. Follow up as for intermediate risk
- **High risk** – offer colonoscopy at 1 year. Follow up as for high risk

\*Computed tomographic colonography (virtual colonoscopy). NICE interventional procedure guidance 129 (2005).

\*\*Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas (NICE, 2011)