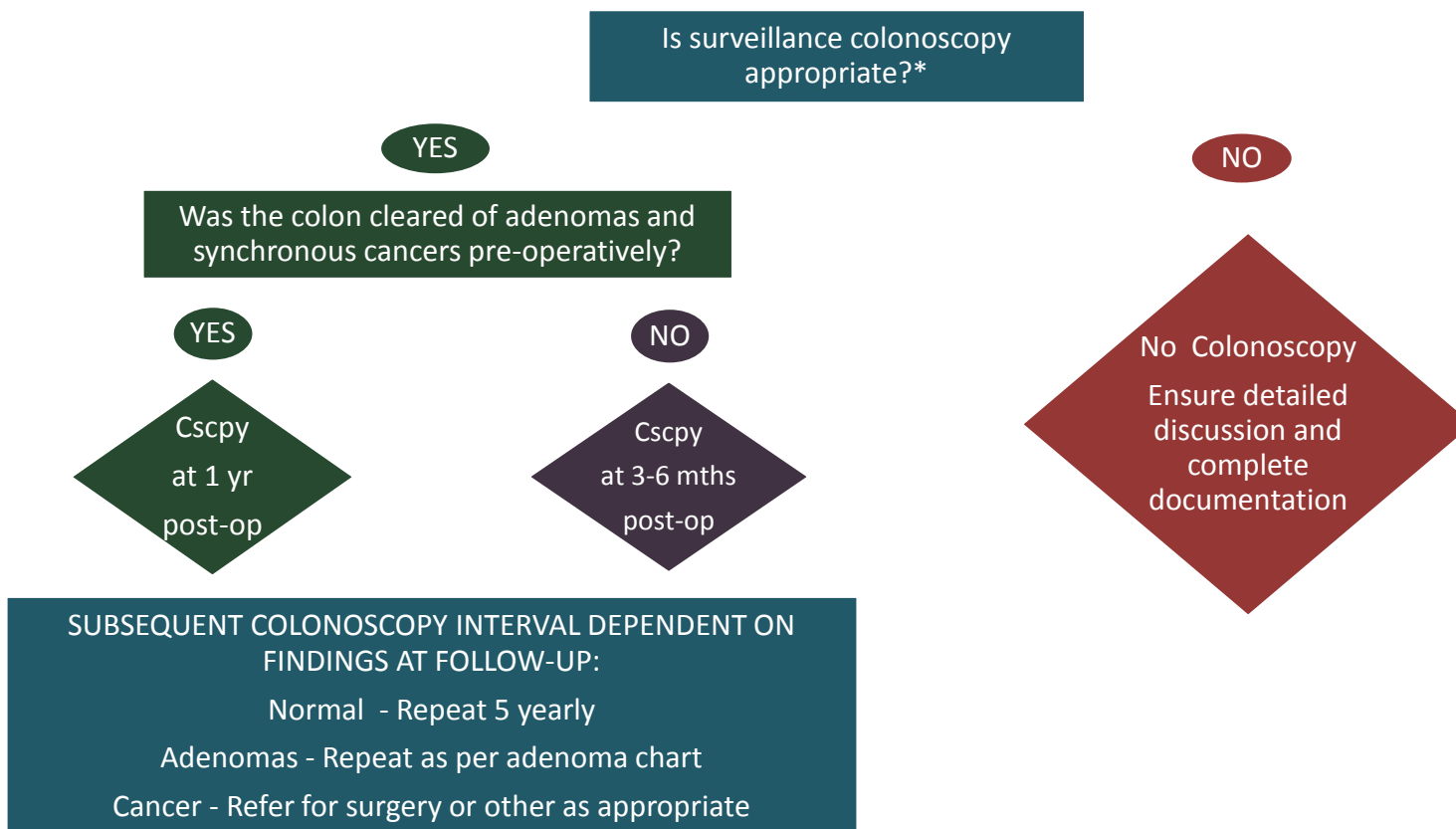


COLONOSCOPIC SURVEILLANCE INTERVALS - FOLLOWING SURGERY FOR COLORECTAL CANCER



NOTES:

This algorithm is designed to be used in conjunction with the NHMRC [Clinical Practice Guidelines for Surveillance Colonoscopy – in adenoma follow-up; following curative resection of colorectal cancer; and for cancer surveillance in inflammatory bowel disease \(December 2011\)](#) and is intended to support clinical judgement.

*Surveillance colonoscopy (cscopy) should be offered to those who have undergone curative treatment and are fit for further treatment if disease is detected.

Ideally, the colon should be cleared pre-operatively to exclude synchronous cancers and adenomas by either colonoscopy (preferable) or other imaging (in the case of obstructing lesions) unless the proximal bowel is to be included in the resection.

Those in whom a familial syndrome is probable or possible *or* there are other indications that the risk of metachronous cancer may be high (eg multiple advanced adenomas or cancers at diagnosis, hyperplastic polyposis, age less than 40 years) should be followed up more frequently (see full Clinical Practice Guidelines for Surveillance Colonoscopy).

Follow-up of those with known syndromes is recommended in specialist clinics using Clinical Practice Guidelines for Surveillance Colonoscopy.

Follow-up of rectal cancers with examination of the rectum by digital examination, sigmoidoscopy or endorectal ultrasound should be considered independent of colonoscopic surveillance.

Suggested citation: Barclay Karen, Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. *Algorithm for Colonoscopic Surveillance Intervals – Following Surgery for Colorectal Cancer*. 2013.

Cancer Council Australia would like to acknowledge and sincerely thank Ms Karen Barclay for developing this algorithm based on the [Clinical Practice Guidelines for Surveillance Colonoscopy – in adenoma follow-up; following curative resection of colorectal cancer; and for cancer surveillance in inflammatory bowel disease \(December 2011\)](#).

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