Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control
Colorectal Cancer Control Program – Minimal Clinical Elements

Summary

The Minimal Clinical Elements[i] for Colorectal Cancer Screening in the Center for Cancer Prevention and Control assure a quality continuum of colorectal cancer care congruent with guidance from the Medical Advisory Committee and from relevant national medical and public health organizations.

Minimal Clinical Elements consist of guidelines for:

A. Screening for Early Detection of Colorectal Polyps and Cancer

1) Begin screening based on a person's Colorectal Cancer (CRC) risk category:
   a) Average risk: age 50–75
   b) Age > 75 if provider recommends screening based on comorbidities, longevity and past CRC screening results.
2) If increased risk, may begin screening earlier than age 50:
   a) Family history of CRC or certain adenomatous polyp(s) in one or more first degree relative(s) under the age of 60 years, or two or more first degree relatives at any age.
      i) A first degree relative is a mother, father, sister, brother, or child of the person.
   b) Family history of genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC).
   c) Personal history of inflammatory bowel disease (ulcerative colitis, Crohn's colitis); colorectal cancer; adenomatous polyps; anal cancer, carcinoid, cloacogenic carcinoma, squamous cell cancer of the rectum or other non-adenocarcinomas of colon or rectum; radiation to colon or rectum; or cancer of the ovary or endometrium diagnosed under age 50.

B. Recommended Screening Methods:

a) Colonoscopy (preferred), every 10 years for an average risk individual who has a negative initial colonoscopy that was considered "adequate" and wh

Recommended Colorectal Cancer Screening Intervals For Average-Risk Persons, aged 50 - 75

b) o remains at average risk; **or**,
c) High sensitivity fecal occult blood tests (FOBT or FIT), annually; **or**,
d) Flexible sigmoidoscopy, every 5 years combined with high sensitivity FOBT/FIT every 3 years.

Test	Fecal Occult Blood Test (FOBT)	Fecal Immunochemical Test (FIT)	Sigmoidoscopy	Colonoscopy
Frequency	Annually	Annually	Every 5 years	Every 10 years

C. Recall Interval or Surveillance Interval following Screening for Early Detection of Colorectal Polyps and Cancer:

Findings on Colonoscopy	**Recall Interval/Follow-up**
● No adenomatous, serrated, or hyperplastic polyp(s) or findings listed below, *and* an adequate colonoscopy. ➢ inadequate colonoscopy (e.g. cecum not reached or inadequate bowel preparation) ➢ new or change in symptoms ➢ uncertain removal (that is: sessile or flat adenoma(s) that are removed	● In 10 years if average risk ● Shorter interval if family or personal history

piecemeal or pathological evidence of incomplete removal of an adenoma or where endoscopist is uncertain that the polypectomy was complete)	
● Unknown polyp size or histology	Within 5 years
● 1-2 small (<10 mm) tubular adenomas	5-10 years
● 3-10 small (<10 mm) tubular adenomas	In no more than 3 years
● > 10 adenomas, any size or histology	In no more than 3 years
● Tubular adenoma(s), ≥ 10 mm size	In no more than 3 years
● Villous or tubulovillous adenoma(s)	In no more than 3 years
● Adenoma(s) with high grade dysplasia	In no more than 3 years
● Sessile serrated polyp(s), < 10 mm, no dysplasia	In no more than 5 years
● Sessile serrated polyp(s) or Sessile serrated polyp(s) with dysplasia or traditional serrated adenoma(s)	In no more than 3 years
● Serrated polyposis syndrome – preferably referred to a center with experience in the management of this syndrome	Every 6-12 months
● Hyperplastic polyp(s), any number, < 10 mm in size, in rectum or sigmoid	In 10 years
● Hyperplastic polyp(s), few (~1-3) in number, < 6 mm in size, proximal to the sigmoid	In 10 years
● Hyperplastic polyp(s), few (1-3) in number, 6-9 mm in size, proximal to sigmoid or Hyperplastic polyp(s), 4 or more, < 10 mm in size, proximal to sigmoid colon	In 5 years
● Hyperplastic polyp(s), 1 or more, large (≥ 10 mm) hyperplastic polyp(s) anywhere in the colon	In no more than 3 years

Findings on FOBT/FIT	**Recall Interval/Follow-up**
● Positive = one or more test is positive for fecal blood	Perform colonoscopy
● Negative = each test in the kit is negative for fecal blood	FOBT/FIT annually

Findings on Flexible Sigmoidoscopy	**Recall Interval/Follow-up**
● Findings suggestive of polyps or colorectal cancer, biopsy not required, refer for colonoscopy	Perform colonoscopy
● Findings suggestive of polyps or colorectal cancer, if a biopsy is performed and the polyp(s) is (are) hyperplastic ● Findings suggestive of polyps or colorectal cancer, if a biopsy is performed and the polyp(s) is (are) an adenoma	● Perform FOBT to screen the remainder of the colon ● Perform colonoscopy

D. Additional Recommendations:

a) For new symptoms, change in symptoms, inadequate colonoscopy, or uncertain removal of polyps, a shorter recall interval is recommended.

- **i.** Inadequate colonoscopy is one in which the cecum was not reached or the patient had inadequate bowel preparation (bowel preparation insufficient to visualize polyps > 5mm).
- **ii.** If a provider determines that the colonoscopy is "inadequate," the provider should determine whether additional procedures are necessary to complete this screening.

b) In-office fecal occult blood testing is **not** recommended.

c) Five years after the colonoscopy, asking the individual at average risk who had a negative colonoscopy about changes in family history, personal risk history, and symptom history may help determine whether the individual should have a colonoscopy sooner than 10 years.

d) An individual who develops signs or symptoms of CRC should not wait for the next scheduled screening to receive medical evaluation.

[i] http://phpa.dhmh.maryland.gov/cancer/Shared%20Documents/ccpc13-24--att_CRCMinimalElements2013.pdf