



Oxfordshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 313 (TVPC106)

**Surveillance Colonoscopy Post-Polypectomy
and Post Colorectal Cancer Resection**

**Recommendation made by
the Priorities Committee:**

September 2021

Date of issue:

November 2021

This policy outlines appropriate surveillance intervals following post-polypectomy and post-cancer resection. For patients with a family history of colorectal cancer (CRC), a personal history of multiple adenomas, or an inherited CRC pre-disposition syndrome please refer to TVPC107.

High-risk for future colorectal cancer following polypectomy is defined as:

- 2 or more premalignant polyps including at least one advanced colorectal polyp (defined as a serrated polyp of at least 10mm in size or containing any grade of dysplasia, or an adenoma of at least 10mm in size or containing high-grade dysplasia).

OR

- 5 or more premalignant polyps.

Surveillance colonoscopy after polypectomy

- Individuals at high-risk AND under the age of 75 AND whose life expectancy is greater than 10 years: Offer one-off surveillance colonoscopy at 3 years.
- Individuals with no high-risk findings: No colonoscopic surveillance should be undertaken but individuals should be strongly encouraged to participate in their national bowel screening programme when invited.
- For individuals not at high-risk who are more than 10 years younger than the national bowel screening programme lower age-limit, consider for surveillance colonoscopy after 5 or 10 years, individual to age and other risk factors.

Surveillance colonoscopy after potentially curative CRC resection:

- Offer a clearance colonoscopy within a year after initial surgical resection.
- Then offer a surveillance colonoscopy after a further 3 years.
- Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.

Surveillance after piecemeal EMR or ESD of LNPCPs (of at least 20mm in size):

- Site-checks at 2-6 months and 18 months from the original resection.
- Once no recurrence is confirmed, individuals should undergo post polypectomy surveillance after 3 years.
- Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.

Surveillance after pathologically en bloc R0 endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD) or large non-pedunculated colorectal polyps (LNPCPs) or early polyp cancers:

- No site-checks are required.
- Offer surveillance colonoscopy after 3 years.
- Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.

Surveillance where histological completeness of excision cannot be determined in patients with: (i) a non-pedunculated polyps of 10-19mm in size, or (ii) an adenoma containing high-grade dysplasia, or (iii) a serrated polyp containing any dysplasia:

- Site-check should be considered within 2-6 months.
- Further surveillance colonoscopy to be determined in accordance with the post-polypectomy high-risk criteria.

Ongoing colonoscopic surveillance:

- To be determined by the findings at each surveillance procedure, using the high-risk criteria to stratify risk.
- Where there are no high-risk findings, colonoscopic surveillance should cease but individuals should be encouraged to participate in the national bowel screening programme when invited.

This policy statement has considered the [Evidence-Based Interventions List 2 Guidance \(2020\)](#).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>

Clinical codes

OPCS codes:

- H22.1 Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon
- H22.8 Other specified diagnostic endoscopic examination of colon
- H22.9 Unspecified diagnostic endoscopic examination of colon
- H68.2 Diagnostic endoscopic examination of colonic pouch using colonoscope NEC
- H68.4 Diagnostic endoscopic examination of ileoanal pouch using colonoscope NEC
- H68.8 Other specified diagnostic endoscopic examination of enteric pouch using colonoscope
- H68.9 Unspecified diagnostic endoscopic examination of enteric pouch using colonoscope

Exclusions: H68.1 Diagnostic endoscopic examination of colonic pouch and biopsy of colonic pouch using colonoscope

- H68.3 Diagnostic endoscopic examination of ileoanal pouch and biopsy of ileoanal pouch using colonoscopy

ICD10 codes exclusion: Z12.1 Encounter for screening for malignant neoplasm of intestinal tract