Oxfordshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 314 (TVPC107) **Colonoscopy in the Management of Hereditary Colorectal Cancer**

Recommendation made by the Priorities Committee: **September 2021**

Date of issue: **November 2021**

This policy details appropriate use of colonoscopy for patients who have an increased lifetime risk of colorectal cancer (CRC) due to hereditary factors. For appropriate surveillance intervals following post-polypectomy and post-cancer resection please refer to TVPC106.

Family history of CRC

- Individuals with moderate familial CRC risk[1]: Offer one-off colonoscopy at age 55 years. Subsequent colonoscopic surveillance should be performed as determined by post-polypectomy surveillance guidelines.
- Individuals with high familial CRC risk (a cluster of 3x FDRs with CRC across >1 generation): Offer colonoscopy every 5 years from age 40 years to age 75 years.

Lynch Syndrome (LS) and Lynch-like Syndrome

- Individuals with LS that are MLH1 and MSH2 mutation carriers: Offer colonoscopic surveillance every 2 years from age 25 years to age 75 years.
- Individuals with LS that are MSH6 and PMS2 mutation carriers: Offer colonoscopic surveillance every 2 years from age 35 years to age 75 years.
- Individuals with Lynch-like Syndrome with deficient MMR tumours without hypermethylation/BRAF pathogenic variant and no pathogenic constitutional pathogenic variant in MMR genes (and their unaffected FDRs), and no evidence of biallelic somatic MMR gene inactivation: Offer colonoscopic surveillance every 2 years from age 25 years to age 75 years.

Early Onset CRC (EOCRC)

- Individuals diagnosed with CRC under age 50 years, where hereditary CRC symptoms have been excluded: Offer standard post-CRC colonoscopy surveillance after 3 years. Then continue colonoscopic surveillance every 5 years until eligible for national screening.

Serrated Polyposis Syndrome (SPS)

- Individuals with SPS: Offer colonoscopic surveillance every year from diagnosis once the colon has been cleared of all lesions >5mm in size. If no polyps ≥ 10mm in size are identified at subsequent surveillance examinations, the interval can be extended to every 2 years.
- First degree relatives of patients with SPS: Offer an index colonoscopic screening examination at age 40 or ten years prior to the diagnosis of the index case. Offer a surveillance colonoscopy every 5 years until age 75 years, unless polyp burden indicates an examination is required earlier according to post-polypectomy surveillance guidelines.

Multiple Colorectal Adenoma (MCRA)

- Individuals with MCRA (defined as having 10 or more metachronous adenomas): Offer annual colonoscopic surveillance from diagnosis to age 75 years after the colon has been cleared of all lesions >5mm in size. If no polyps 10mm or greater in size are identified at subsequent surveillance examinations, the interval can be extended to 2 yearly.

Familial Adenomatous Polyposis (FAP)

- Individuals confirmed to have FAP on predictive genetic testing: Offer colonoscopic surveillance from 12-14 years .Then offer surveillance colonoscopy every 1-3 years, personalised according to colonic phenotype.
- Individuals who have a first degree relative with a clinical diagnosis of FAP (i.e. “at risk”) and in whom a APC mutation has not been identified: Offer colorectal surveillance from 12-14 years.Then offer every 5 years until either a clinical diagnosis is made and they are managed as FAP or the national screening age is reached.

MUTYH-associated Polyposis (MAP)

- Individuals with MAP: Offer colorectal surveillance from 18-20 years, and if surgery is not undertaken, repeat annually.

For monoallelic MUTYH pathogenic variant carriers:

- The risk of colorectal cancer is not sufficiently different to population risk to meet thresholds for screening and routine colonoscopy is not recommended.

Peutz-Jeghers Syndrome (PJS)

- Asymptomatic individuals with PSJ: Offer colorectal surveillance from 8 years. If baseline colonoscopy is normal, deferred until 18 years, however if polyps are found at baseline examination, repeat every 3 years.
- Symptomatic patients: investigate earlier.

Juvenile Polyposis Syndrome (JPS)

- Asymptomatic individuals with JPS: Offer colorectal surveillance from 15 years. Then offer a surveillance colonoscopy every 1-3 years, personalised according to colorectal phenotype.
- Symptomatic patients: investigate earlier.

For some patients with multiple risk factors for CRC, for example those with Lynch Syndrome and inflammatory bowel disease/multiple polyps, more frequent colonoscopy may be indicated. This needs to be guided by clinicians but with a clear scientific rationale linked to risk management.

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

[1] One first degree relative diagnosed with CRC under 50 years, or two first degree relatives diagnoses with CRC at any age, of whom the patient under assessment is a first degree relative of at least one affected individual

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 polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/policies

Clinical codes

OPCS codes:

- H22.1 Diagnostic fibreoptic 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