



GI Societies Issue Updated Colorectal Cancer Screening Recommendations

The U.S. Multisociety Task Force (MSTF) on Colorectal Cancer has released two new recommendation documents providing you with a timeline for follow-up colonoscopy based on a patient's initial exam as well as recommendations to ensure high-quality polypectomy.

The publications from the U.S. Multisociety Task Force — which is comprised of representatives of the American College of Gastroenterology, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy — aim to improve colorectal cancer prevention and early detection.

Recommendations for Follow-Up After Colonoscopy and Polypectomy ¹

For this publication, the U.S. MSTF reviewed their 2012 recommendations ² and provide an updated schedule for follow-up colonoscopy following a patient's initial high-quality exam:

Patient has no polyps	Next colonoscopy in 10 years
Patient has 1-2 polyps <10mm	Next colonoscopy in 7-10 years (instead of 5-10 years)
Patient has 3-4 polyps <10mm	Next colonoscopy in 3-5 years (instead of 3 years)
Patient has more than 10 polyps	Next colonoscopy in 1 year (instead of 3 years)
Patient has serrated polyps	Review the publication for complete recommendations
Patient has advanced polyps	Next colonoscopy in 3 years

To review all MSTF recommendations for patient follow-up, review the [full publication](#).

Recommendations for Endoscopic Removal of Colorectal Lesions ³

This publication provides best practices for the endoscopic removal of precancerous colorectal polyps during colonoscopy.

Best practices for polyp assessment and description

MSTF recommends macroscopic characterization of a polyp, which provides information to facilitate the polyp's histologic prediction, and optimal removal strategy.

Best practices for polyp removal

The primary aim of polypectomy is complete removal of the colorectal lesion, and the subsequent prevention of colorectal cancer. If you encounter a suspected benign colorectal polyp that you are not confident to completely remove, MSTF recommends referral to an endoscopist experienced in advanced polypectomy for subsequent evaluation and management in lieu of referral for surgery.

Patient has diminutive ($\leq 5\text{mm}$) and small (6-9mm) polyps	Recommend cold snare polypectomy
Patient has non-pedunculated ($\geq 20\text{mm}$) polyps	Recommend endoscopic mucosal resection
	Recommend snare resection of all grossly visible tissue of a polyp in a single colonoscopy session and in the safest minimum number of pieces
	Recommend against the use of ablative techniques on endoscopically visible residual tissue of a polyp
Patient has pedunculated polyps	Recommend the use of adjuvant thermal ablation of the post-EMR margin where no endoscopically visible adenoma remains despite meticulous inspection
	Recommend prophylactic mechanical ligation of the stalk with a detachable loop or clips on pedunculated polyps with head $\geq 20\text{mm}$ or with stalk thickness $\geq 5\text{mm}$ to reduce immediate and delayed post-polypectomy bleeding

Best practices for surveillance

MSTF recommends intensive follow-up schedule in patients following piecemeal endoscopic mucosal resection (lesions $\geq 20\text{ mm}$) with the first surveillance colonoscopy at 6 months, and the intervals to the next colonoscopy at 1 year, and then 3 years.

To review all MSTF recommendations on polyp removal, review the [full publication](#).

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The U.S. MSTF recommendations are published jointly in *Gastroenterology*, *The American Journal of Gastroenterology*, and *Gastrointestinal Endoscopy*.

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1. Gupta S., Lieberman, D.A., Anderson, J.C. et al. Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology* 2020. Epub ahead of print.
 2. Lieberman, D.A., Rex, D.K., Winawer, S.J. et al. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*. 2012; 143: 844–857

3. Kaltenbach, T., Anderson, J.C., Burke, C.A. et al. Endoscopic Removal of Colorectal Lesions—Recommendations by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology* 2020. Epub ahead of print.
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Thank you for your time. Please contact your GI Society with any questions:

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