

**United States Multi-Society Task Force on Colorectal Cancer
recommendations for surveillance and screening intervals in individuals
with baseline average risk**

| Baseline colonoscopy: most advanced finding(s) | Recommended surveillance interval (years) | Quality of evidence supporting the recommendation | New evidence stronger than 2006 |
|--|--|--|--|
| No polyps | 10 | Moderate | Yes |
| Small (<10 mm) hyperplastic polyps in rectum or sigmoid | 10 | Moderate | No |
| 1 to 2 small (<10 mm) tubular adenomas | 5 to 10 | Moderate | Yes |
| 3 to 10 tubular adenomas | 3 | Moderate | Yes |
| >10 adenomas | <3 | Moderate | No |
| One or more tubular adenomas ≥10 mm | 3 | High | Yes |
| One or more villous adenomas | 3 | Moderate | Yes |
| Adenoma with HGD | 3 | Moderate | No |
| Serrated lesions | | | |
| Sessile serrated polyp(s) <10 mm with no dysplasia | 5 | Low | NA |
| Sessile serrated polyp(s) ≥10 mm OR Sessile serrated polyp with dysplasia OR Traditional serrated adenoma | 3 | Low | NA |
| Serrated polyposis syndrome* | 1 | Moderate | NA |

The recommendations assume that the baseline colonoscopy was complete and adequate and that all visible polyps were completely removed.

HGD: high-grade dysplasia; NA: not applicable.

* Based on the World Health Organization definition of serrated polyposis syndrome, with one of the following criteria: (1) at least five serrated polyps proximal to sigmoid, with two or more ≥ 10 mm; (2) any serrated polyps proximal to sigmoid with family history of serrated polyposis syndrome; and (3) >20 serrated polyps of any size throughout the colon.

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