Alaska Native Medical Center Colorectal Cancer Screening Recommendations for Providers (2021)

Colonoscopy is the preferred screening test for the Alaska Native population.

Other options should be used only if colonoscopy is not available or for patients who prefer not to get a screening colonoscopy, including for patients with a positive family history who decline colonoscopy.

Table 1: Alaska Native Screening Age, Test and Interval Recommendations.

Age	Risk Category	Test	Interval
40-75 years	**Average risk[a] and healthy[b]**	Colonoscopy*	10 years
		If colonoscopy refused/ unavailable: FIT	Annual
	Moderate risk Colorectal cancer or an advanced adenoma in a single first-degree relative diagnosed at age ≥60 years OR two second-degree relatives with CRC	Colonoscopy at age 40	Every 10 years
	High risk CRC or an advanced adenoma[d] in two first-degree relatives diagnosed at any age OR colorectal cancer or an advanced adenoma in a single first-degree relative at age <60 years	Colonoscopy at age 40 or 10 years before the age the youngest affected relative was diagnosed, whichever is earlier	Every 5 years
76-85 years	**Average risk**	No routine screening recommended unless healthy[b] and no screening has been done previously	None
	High risk **Moderate risk**	Continue surveillance until life expectancy <10 years and no high risk lesions	Follow surveillance interval recommendations
86 and older		No screening recommended	None

***Colonoscopy is the recommended screening test for the Alaska Native population.**

FOBT, DCBE, and flexible sigmoidoscopy are not recommended screening tests for the Alaska Native population.

Other screening options should be offered only if colonoscopy is not available or patients prefer not to get a screening colonoscopy. Any abnormal FIT requires follow-up colonoscopy. While FIT-sDNA is an accepted screening test, its use at ANMC is currently not included in the guidelines as availability and logistical realities of test completion/transport remain in question. If it is used for screening, it should be repeated every three years and if abnormal should be followed by colonoscopy.

[a]**Average risk:** Absence of inflammatory bowel disease, family history of CRC or advanced adenomas, hereditary syndrome associated with increased risk, serrated polyposis syndrome, personal history of CRC or advanced adenoma.

[b]**Healthy:** No significant co-morbidities and life expectancy ≥10 years.

[d]**Advanced adenoma:** lesion ≥10 mm in size or having tubulovillous/villous histology or high-grade dysplasia.

Surveillance Recommendations

These surveillance recommendations do not include recommendations for follow-up for individuals with hereditary CRC syndromes (e.g., Lynch syndrome and familial adenomatous polyposis), inflammatory bowel disease, a personal history of CRC (including malignant polyps), family history of CRC or colorectal neoplasia, or serrated polyposis syndrome.

Table 2: Recommendations for Surveillance and/or Screening Intervals in Individuals With Baseline Average Risk

Baseline colonoscopy	Recommended interval for surveillance colonoscopy (years)
Normal	10
≤20 hyperplastic polyps <10 mm	10
1–2 tubular adenomas <10 mm	7
3–4 tubular adenomas <10 mm	3
5-10 tubular adenomas <10 mm	3
Adenoma ≥10 mm	3
Adenoma with tubulovillous or villous histology	3
Adenoma with high-grade dysplasia	3
>10 adenomas on single examination	1
Piecemeal resection of adenoma ≥10 mm	6 months
1–2 sessile serrated polyps <10 mm	7
3-4 sessile serrated polyps <10 mm	3
5-10 sessile serrated polyps <10 mm	3
Sessile serrated polyps ≥10 mm	3
Sessile serrated polyps with dysplasia	3
Traditional serrated adenoma	3
Hyperplastic polyps ≥10 mm	3
Piecemeal resection of sessile serrated polyp ≥10 mm	6 months

Note: All recommendations assume examination complete to cecum with bowel preparation adequate to detect lesions >5 mm in size.

Repeat Surveillance

For patients with history of baseline adenoma removal and 1 subsequent colonoscopy, recommendations for subsequent surveillance should take into account findings at baseline and first surveillance (Table 3).

Table 3: Recommendations for Second Surveillance Stratified by Advanced Adenoma Findings at Baseline and First Surveillance

Baseline finding	Recommended interval for first surveillance (years)	Finding at first surveillance	Recommended interval for next surveillance (years)
1–2 tubular adenomas < 10mm	7	Normal colonoscopy[a]	10
		1–2 tubular adenomas < 10mm	7
		3–4 tubular adenomas < 10mm	3
		Adenoma ≥10 mm in size; or adenoma with tubulovillous/ villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas <10mm	3
3–4 tubular adenomas < 10mm	3	Normal colonoscopy[a]	10
		1–2 tubular adenomas < 10mm	7
		3–4 tubular adenomas < 10mm	3
		Adenoma ≥10 mm in size; or adenoma with tubulovillous/ villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10mm	3
Adenoma ≥10 mm in size; or adenoma with tubulovillous/ villous histology; or adenoma with high-grade dysplasia; or 5–10 adenomas < 10mm	3	Normal colonoscopy[a]	5
		1–2 tubular adenomas < 10mm	5
		3–4 tubular adenomas < 10mm	3
		Adenoma ≥10 mm in size; or adenoma with tubulovillous/ villous histology; or adenoma with high grade dysplasia; or 5–10 adenomas < 10mm	3

[a] Normal colonoscopy is defined as colonoscopy where no adenoma, sessile serrated polyp, or CRC is found.