crohn's colitis

Colonic Dysplasia/Cancer Surveillance

Objective

Early detection of colon cancer/dysplasia

Patient Population

Patients with a known diagnosis of IBD whose disease is in endoscopic remission. Active inflammation precludes a detailed assessment of colonic dysplasia.

Highlight Box

The applicability of some suggested recommendations in these guidelines may be impacted by the IBD practitioners' access to recommended resources (colonic dye spray / virtual chromoendoscopy).

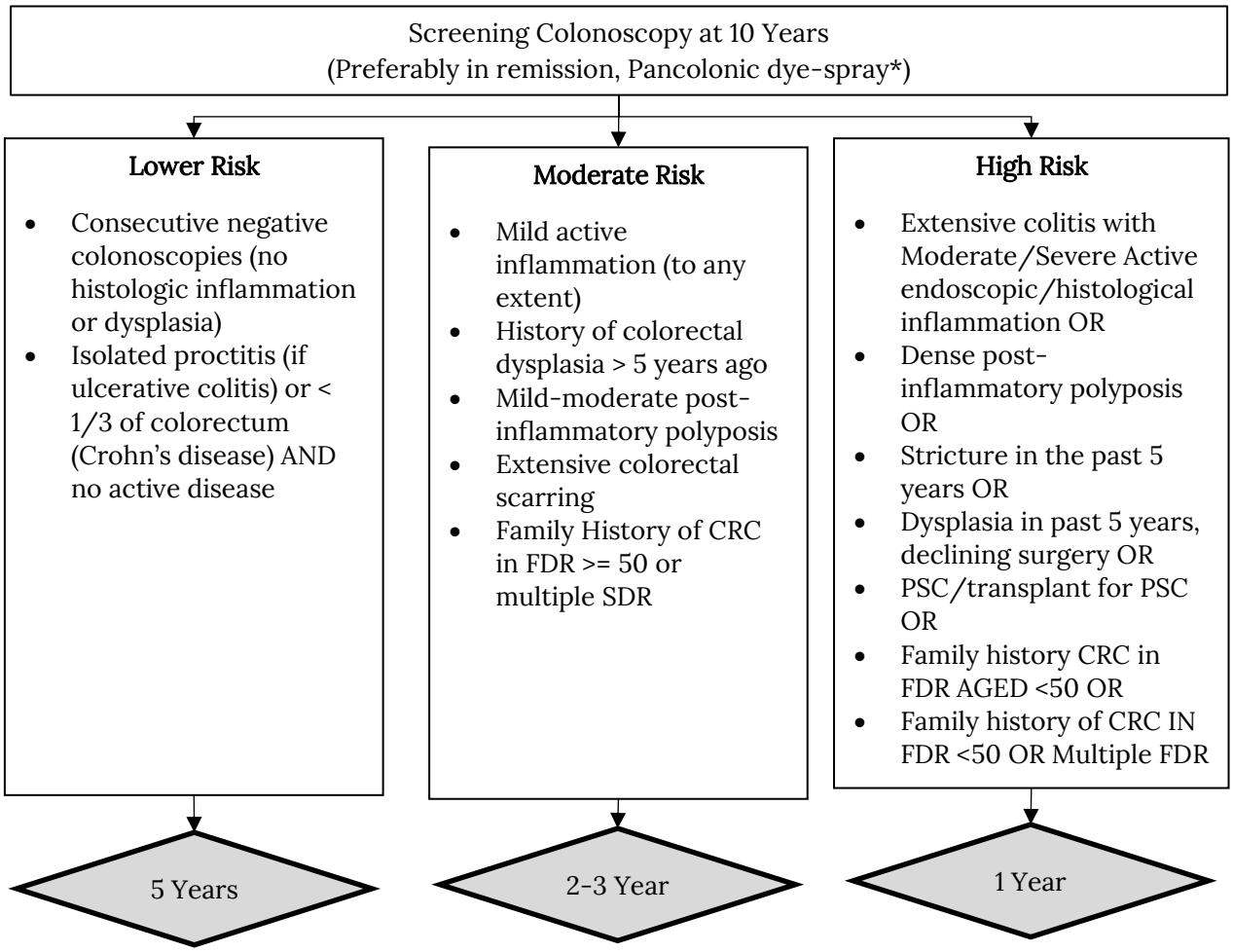
Introduction

This care protocol aims to provide IBD providers guidelines for colonic dysplasia/cancer surveillance based on patients' risk.

IBD Provider

Patient Populations	Recommendation
Ulcerative colitis extending beyond the rectum or Crohn's colitis involving 1/3 or more of the colon, has had disease for at least 8 years	Surveillance colonoscopy recommended, frequency according to risk (see Figure 1) (PACE QPI 11)
Ulcerative colitis or Crohn's colitis (of any duration) and has coexisting primary sclerosing cholangitis (PSC)	Annual surveillance colonoscopy (PACE QPI 10)
Ulcerative colitis or Crohn's colitis has confirmed dysplasia in flat mucosa	Early repeat colonoscopic surveillance using pancolonic dye spray or virtual chromoendoscopy (interval depending on dysplasia risk). Consider surgical referral in very high-risk cases (i.e. high-grade dysplasia or multi-focal dysplasia) (PACE QPI 19)
Ulcerative colitis or Crohn's colitis has confirmed visible dysplasia	Continued endoscopic surveillance if confirmed complete endoscopic resection and no invasive cancer on histology (interval depending on dysplasia risk); otherwise, surgical referral

Total proctocolectomy with an ileal pouch-anal anastomosis (IPAA)	Surveillance endoscopy according to risk (see Figure 2)
IBD with a subtotal colectomy	Consider surgical referral for a completion proctectomy as an alternative to ongoing endoscopic dysplasia surveillance; otherwise, endoscopic surveillance every 1- 5 years, depending on risk factors for colorectal cancer (See Figure 1). (PACE QPI 8)



Screening/Surveillance Protocol
Pancolonic dye spray (if available) *or* virtual (NBI, iscan) chromoendoscopy with targeted biopsies/resection of visible abnormalities *or* high-definition white light colonoscopy with targeted biopsies/resection of visible abnormalities and extensive non-targeted biopsies throughout the colorectum (recommended 30-40)

Other Considerations: Patient preference, multiple post-inflammatory polyps, age and comorbidity, accuracy, and completeness of examination

*If Available CRC-Colorectal Cancer FDR-First Degree Relative PSC-Primary sclerosing Cholangitis

Figure 1: Surveillance recommendations for colonoscopy

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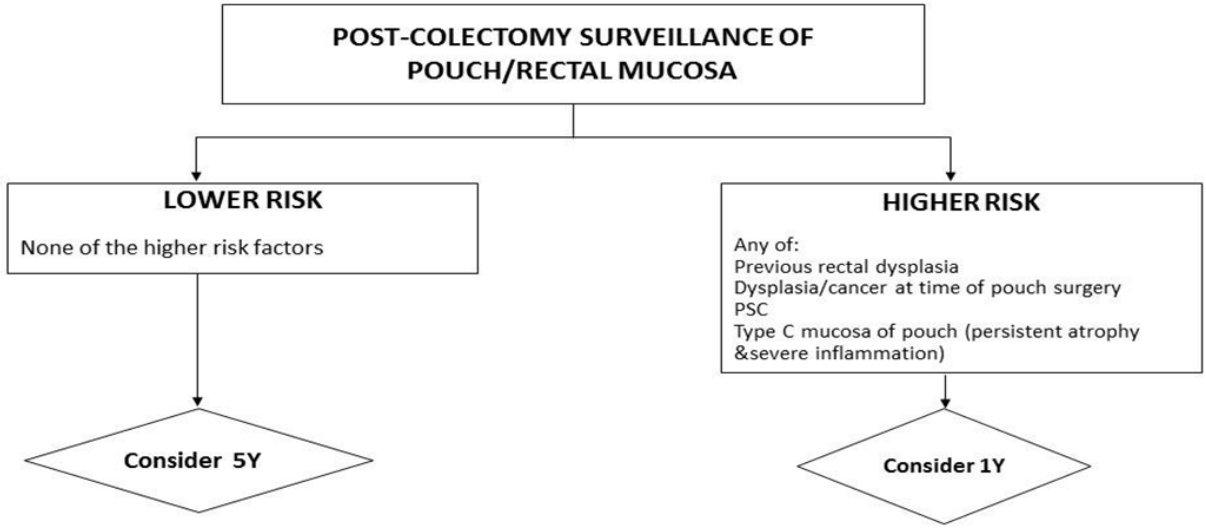

Figure 2: Surveillance recommendations post-colectomy

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