Table 1. American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Colorectal Adenomas and Cancer—Women and Men at Increased or High Risk

Risk Category	Age to Begin	Recommendation	Comment
Increased Risk			
People with a single, small (< 1 cm) adenoma	3-6 years after the initial polypectomy	Colonoscopy*	If the exam is normal, the patient can thereafter be screened as per average-risk guidelines
People with a large (1 cm +) adenoma, multiple adenomas, or adenomas with high-grade dysplasia or villous change	Within 3 years after the initial polypectomy	Colonoscopy*	If normal, repeat examination in 3 years; If normal then the patient can thereafter be screened as per average-risk guidelines
Personal history of curative-intent resection of colorectal cancer	Within 1 year after cancer resection	Colonoscopy*	If normal, repeat examination in 3 years; If normal then, repeat examination every 5 years.
Either colorectal cancer or adenomatous polyps, in any first-degree relative before age 60, or in 2 or more first-degree relatives at any age (if not a hereditary syndrome)	Age 40, or 10 years before the youngest case in the immediate family	Colonoscopy*	Every 5-10 years. Colorectal cancer in relatives more distant than first-degree does not increase risk substantially above the average-risk group
High Risk			
Family history of familial adenomatous polyposis (FAP)	Puberty	Early surveillance endoscopy, and counseling to consider genetic testing.	If the genetic test is positive, colectomy is indicated. These patients are best referred to a center with experience in the management of FAP.
Family history of hereditary nonpolyposis colon cancer (HNPCC)	Age 21	Colonoscopy and counseling to consider genetic testing.	If the genetic test is positive or if the patient has not had genetic testing, every 1-2 years, until age 40, then annually. These patients are best referred to a center with experience in the management of HNPCC.
Inflammatory bowel disease Chronic ulcerative colitis Crohn's disease	Cancer risk begins to be significant 8 years after the onset of pancolitis, or 12-15 years after the onset of left-sided colitis	Colonoscopy with biopsies for dysplasia	Every 1-2 years. These patients are best referred to a center with experience in the surveillance and management of of inflammatory bowel disease.

*If colonoscopy is unavailable, not feasible, or not desired by the patient, double contrast barium enema alone or the combination of flexible sigmoidoscopy and double constrast barium enema are acceptable alternatives. Adding flexible sigmoidoscopy to DCBE may provide a more comprehensive diagnostic evaluation than DCBE alone in finding significant lesions. A supplementary DCBE may be needed if a colonoscopic exam fails to reach the cecum, and a supplemental colonoscopy may be needed if a DCBE identifies a possible lesion, or does not adequately visualize the entire colorectum.

Adapted from: *Smith RA, Cokkinides V, von Eschenbach AC, et al. American Cancer Society guidelines for the early detection of cancer. Cancer J Clin. 2002;52:8-22.*