

Madigan Army Medical Center Referral Guidelines

Colon Cancer Screening In IBD

Diagnosis/Definition

- Extensive or pan-colitis: U.C. beyond mid-transverse colon (usually entire colon).
- Left sided colitis: U.C. greater than 15cm, less than mid-transverse colon.
- Ulcerative proctitis: U.C. to less than or equal to 15 cm
- Crohn's colitis: Crohn's disease involving the colon

Initial Diagnosis and Management

Typical history of Crohn's colitis.

Ongoing Management and Objectives

For those that require referral for surveillance colonoscopy, no special interval treatment is needed.

Indications for Specialty Care Referral

- All patients, regardless of the extent of disease at initial diagnosis, should undergo a screening colonoscopy a maximum of 8 years after the onset of symptoms. Importantly, this is the onset of symptoms, not when the diagnosis was made
- Patients with ulcerative proctitis are not considered at increase risk for IBD related CRC and thus may be managed on the basis of average risk recommendations
- Patients with extensive (pan-colitis) or left sided colitis should begin surveillance within 1 to 2 years after the initial screening colonoscopy
- Patients with Crohn's colitis who have disease involving at least one third of their colon should follow the same recommendations for extensive (pan-colitis). There are no guidelines for patients that have disease involving less than one third of their colon. Decisions should be individualized according to the presence or absence of other risk factors.
- Patients with IBD and primary sclerosing cholangitis (PSC) should began surveillance colonoscopy at the time of diagnosis and then undergo yearly colonoscopy thereafter

Criteria for Return to Primary Care

Completion of colonoscopy.

Last Review for this Guideline: **December 2010**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator