Colonoscopy & Polypectomy Follow-Up

US Multi-Society Task Force surveillance intervals after normal colonoscopy, adenoma, and serrated polyp findings.

2020 USMSTF Recommendations
Follow-Up After Colonoscopy and Polypectomy
Gupta et al. · Am J Gastroenterol 2020;115:415-434

APPLIES TO Average-Risk Adults, Complete High-Quality Exam

1 Terms & Definitions

Low-Risk Adenoma	1–2 nonadvanced adenomas < 10 mm
Advanced Adenoma	Adenoma ≥10 mm · tubulovillous/villous histology · or high-grade dysplasia
High-Risk Adenoma	Advanced neoplasia (above) **or** ≥3 adenomas
Adequate ADR	Adenoma detection rate ≥30% in men, ≥20% in women
High-Quality Exam	Complete to cecum, adequate bowel prep, adequate ADR, complete polyp excision

2 Normal Colonoscopy & Adenoma Findings

BASELINE FINDING	INTERVAL	STRENGTH	EVIDENCE
Normal colonoscopy	**10 yr**	Strong	High
1–2 tubular adenomas < 10 mm	**7–10 yr**	Strong	Moderate
3–4 tubular adenomas < 10 mm	**3–5 yr**	Weak	Very Low
5–10 tubular adenomas < 10 mm	**3 yr**	Strong	Moderate
Adenoma ≥10 mm	**3 yr**	Strong	High
Adenoma, tubulovillous/villous histology	**3 yr**	Strong	Moderate
Adenoma with high-grade dysplasia	**3 yr**	Strong	Moderate
>10 adenomas on single exam	**1 yr**	Weak	Very Low
Piecemeal resection, adenoma ≥20 mm	**6 mo**	Strong	Moderate

3 Serrated Polyp Findings

BASELINE FINDING	INTERVAL	STRENGTH	EVIDENCE
≤20 hyperplastic polyps in rectum/sigmoid, < 10 mm	**10 yr**	Strong	Moderate
≤20 hyperplastic polyps proximal to sigmoid, < 10 mm	**10 yr**	Weak	Very Low
1–2 sessile serrated polyps (SSP) < 10 mm	**5–10 yr**	Weak	Very Low
3–4 SSPs < 10 mm	**3–5 yr**	Weak	Very Low
5–10 SSPs < 10 mm	**3 yr**	Weak	Very Low
SSP ≥10 mm	**3 yr**	Weak	Very Low
SSP with dysplasia	**3 yr**	Weak	Very Low
Hyperplastic polyp ≥10 mm	**3–5 yr**	Weak	Very Low
Traditional serrated adenoma (TSA)	**3 yr**	Weak	Very Low
Piecemeal resection, SSP ≥20 mm	**6 mo**	Strong	Moderate

4 Key Updates Since 2012

KEY Follow-up extended to **7–10 yr** (from 5–10 yr) after 1–2 tubular adenomas < 10 mm. Follow-up shortened to **1 yr** (from < 3 yr) after >10 adenomas on a single exam. New option for **3–5 yr** (vs 3 yr) after 3–4 adenomas < 10 mm. More detailed serrated-polyp recommendations added. Recommendations are risk-stratified by **CRC outcomes**, not just advanced-adenoma risk, and emphasize the importance of a **high-quality baseline examination**.

Does not apply to: hereditary CRC syndromes, personal history of IBD, hereditary cancer syndrome, serrated polyposis syndrome, malignant polyp, personal history of CRC, or family history of CRC — apply the shortest indicated interval based on history or polyp findings in these individuals.

Gupta S, Lieberman D, Anderson JC, et al. Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol.* 2020;115(3):415-434.