



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

201 Third Street, 7th Floor * San Francisco, CA 94103
(415) 547-7818 ext. 400 * FAX (415) 357-1292 * www.sfhp.org

Colonoscopy criteria

San Francisco Health Plan will use the following colon cancer screening guidelines. These guidelines apply to in-medical group request reviews only. All out-of-medical group referrals for colonoscopy must be reviewed by the Medical Director.

Colonoscopy will only be approved in the following conditions:

- Positive fecal occult blood test, or rectal bleeding
- Iron deficiency anemia in man, or nonmenstruating woman with evidence of GI pathology
- Diarrhea, constipation, or irritable bowel syndrome when any ONE of the following is present:
 - Persistent (at least 4 weeks) symptoms (e.g. constipation, diarrhea, tenesmus) in patient older than 40 years, after negative stool cultures
 - Change in chronic symptoms
 - Unexplained weight loss greater than 5% of body weight
 - Rectal prolapse
- Melena with negative esophagogastroduodenoscopy
- History of polyps, or abnormal prior colonoscopy/flexible sigmoidoscopy; followup depending on findings of original colonoscopy. Consensus guidelines are as follows:
 - 1-2 tubular adenomas of <1 cm, colonoscopy every 5-10 years
 - 3-10 adenomas or adenoma with villous features, ≥1 cm or with HGD, every 3 years
 - >10 adenomas, every 1-3 years
 - Sessile adenoma of ≥2 cm, removed piecemeal, per specialist recommendations
- Prior endometrial or ovarian cancer diagnosed at age <50 (every 5 years)
- Post-cancer resection, clear colon: 1 year, then 3 year, then q 5 years
- Crohn's or Ulcerative Colitis surveillance after 8 years of disease (q 1-3 years)
- Positive family history:
 - First degree relative (parent, sibling, or child) with colon cancer or adenomatous polyps diagnosed at age <60 years, or 2 first-degree relatives diagnosed with colorectal cancer at any age
 - Should start colonoscopy at age 40, or 10 years younger than the earliest diagnosis in the family, whichever comes first, and repeated every 5 years):
 - First-degree relative with colon cancer or adenomatous polyp diagnosed at age >60 years, or 2 second-degree relatives with colorectal cancer
 - Should start colonoscopy at age 40, and then every 10 years:
 - 1 second-degree relative (grandparent, aunt, or uncle) or third-degree relative (great-grandparent or cousin) with colorectal cancer
 - Should be screened as an average risk person (e.g. with fecal occult blood)
 - Familial Adenomatous Polyposis:
 - Genetic diagnosis of familial adenomatous polyposis (FAP), or are at risk of having FAP but genetic testing has not been performed or is not



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

201 Third Street, 7th Floor * San Francisco, CA 94103
(415) 547-7818 ext. 400 * FAX (415) 357-1292 * www.sfhp.org

feasible, should have annual sigmoidoscopy, beginning at age 10-12 years, to determine if they are expressing the genetic abnormality. Genetic testing should be considered in patients with FAP who have relatives at risk. Genetic counseling should guide genetic testing and considerations of colectomy.

- Hereditary Nonpolyposis Colorectal Cancer:
- Genetic or clinical diagnosis of hereditary nonpolyposis colorectal cancer (HNPCC), or who are at increased risk for HNPCC, should have colonoscopy every 1-2 years beginning at age 20-25 years, or 10 years earlier than the youngest age of colon cancer diagnosis in the family--whichever comes first. Genetic testing for HNPCC should be offered to first-degree relatives of persons with a known inherited mismatch repair (MMR) gene mutation. It should also be offered when the family mutation is not already known, but 1 of the first 3 of the modified Bethesda Criteria is met.

The following conditions are not considered appropriate indications for colonoscopy:

- Chronic, stable irritable bowel syndrome
- Weight loss in the absence of evidence of GI pathology
- Anemia in the absence of evidence of GI pathology
- Change in stool caliber (barium enema is first line)
- Chronic abdominal pain
- Acute diarrhea
- Routine follow-up of inflammatory bowel disease (except dysplasia/cancer surveillance in chronic ulcerative colitis after 8 years of disease)
- Upper gastrointestinal tract bleeding or melena with a demonstrated upper gastrointestinal tract source
- Metastatic adenocarcinoma or unknown primary site in the absence of colonic signs or symptoms when it will not influence management

References:

US Preventive Services Task Force Recommendation Statement

<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm>

AAFP 2008 Colonoscopy Position Paper

<http://www.aafp.org/online/en/home/policy/policies/c/colonoscopypositionpaper.html#Parsys0007>

Community Health Network Colon Cancer Screening Guidelines