# New risk estimates for colon cancer among persons with serrated colon polyps inform guidelines for timing of repeat colonoscopy

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| Challenge | **Serrated colon polyps (SPs) are precursors to 20% to 30% of cases of colorectal cancer (CRC), but patients’ long-term risk after polyp removal is poorly understood, which may lead to inappropriate follow-up colonoscopy intervals**. This study investigated the risk of CRC in individuals with a history of SPs. |
| Existing Evidence | Evidence around SPs and CRC risk is limited. Current surveillance guidelines suggest relatively frequent need for follow-up colonoscopy but the appropriateness relative to risk (and other polyp types) is unknown. |
| Target Population | Patients undergoing colonoscopy |
| Intervention or Exposure | Presence of serrated colon polyps |
| Outcomes/Key Findings | Among 233,393 individuals undergoing colonoscopy, 445 developed a subsequent CRC. 173,257 had no polyp on first colonoscopy; 11,505 had proximal SPs, 12,080 proximal SPs and synchronous adenomas, 19,410 distal SPs, and 17,141 distal SPs and synchronous adenomas. **Among patients with SPs, risk of CRC was not increased until 3 years or more after the first colonoscopy** (HR for small proximal SPs 2.6; 95% CI, 1.7–3.9 and HR for large proximal SPs 8.0; 95% CI, 3.6–16.1). **The risk was higher if an adenoma was also diagnosed** (HR for proximal SPs with synchronous adenomas 4.0; 95% CI, 3.0–5.5; and HR for distal SPs with synchronous adenomas 2.4; 95% CI, 1.7–3.4). |
| Resulting Action/Change | **The study provided some of the first community-based evidence for post-colonoscopy risk stratification; this is influencing national and KP guidelines for follow-up colonoscopy surveillance after SP diagnosis (found on 1 of 10 colonoscopies).**  |
| Additional recommendations | Dissemination of findings to practitioner and follow-up analysis with compliance of these data into KPNC practices can inform evidence-based follow-up intervals. |
| Implementation Tools | Colonoscopy surveillance guidelines and risk measures |
| Implementation and follow-up measurements | Serrated polyp diagnosis and guideline-concordant follow-up (implementation); cancer risk after colonoscopy (effectiveness); changes in colonoscopy and cancer care (utilization) |
| Reference(s) [Key Figure if applicable] | Doi: 10.1053/j.gastro.2020.04.004. PMID: 32277950<https://pubmed.ncbi.nlm.nih.gov/32277950/> |