Colonoscopy categorisation guidelines 2017

- Colonoscopy is a diagnostic test that needs to be undertaken in a timely manner. The guidelines offer direction for triaging colonoscopy referrals based on scientific literature and local consensus and should be used in conjunction with clinical judgement. Please see associated *Explanatory notes for guidelines* for further information.
- A complete assessment must be undertaken prior to a colonoscopy request including history for all symptoms, a thorough examination (including the abdomen and rectum with the exclusion of a **mass**) and simple **investigations** (**FBC**, **ferritin**, **iFOBT**). Flexible or rigid sigmoidoscopy should be considered part of specialist assessment (gastroenterology and surgical).
- Single **symptoms** alone (**rectal bleeding**, **altered bowel habit, diarrhoea, constipation, unexplained abdominal pain or weight loss**) have poor sensitivity for detecting advanced colorectal neoplasia, hence factors are combined along with age for increased sensitivity.
- The presentation with a symptom in addition to a **critical factor (iFOBT (+), anaemia, rectal bleeding, age ≥ 60 years**) is considered to hold additional importance.
- Bright rectal bleeding requires specialist assessment of the anorectum. iFOBT is **not** appropriate in this group. Consider creating a 'rectal bleeding' clinic for this group of patients. A colonoscopy is not always indicated, so guidelines are offered for this significant group as well.
- The timing of surveillance or family history colonoscopies are recommended as per algorithms based on NHMRC guidelines (2005 and 2011).[1–6]

Row	Category 1 (< 30 days)	Category 2 (< 60 days)	Category 3 (< 180 days)	Not indicated/comments
	Indication A: Symptoms or investigations			
1	**Positive immunohistochemical faecal occult blood test (iFOBT (+))** *and either:* • NBCSP or other indication			**iFOBT (+)** in the context of a recent, high-quality complete colonoscopy should be considered on an individual basis after full specialist assessment.
2	**Anaemia** *and either:* • any other **critical factor** or • one or more **other symptom**	**Anaemia** *and all of:* • no other **critical factor** or **other symptom** • no likely cause • any age	**Anaemia** *and all of:* • no other **critical factor** or **other symptom** • likely non-gastrointestinal tract cause • age ≥ 50 years	**Anaemia** *and all of:* • no other **critical factor** or **other symptom** • **untreated** likely non-gastrointestinal tract cause such as menorrhagia/diet • age < 50 years If no response to treatment or recurrence, recommend Category 2 colonoscopy. Consider upper gastrointestinal endoscopy (see *Explanatory notes*).
3	**Rectal bleeding** *and any one of:* • any other **critical factor** • < 12 months' duration, age ≥ 50 years • < 12 months, one or more **other symptom**, age < 50 years	**Rectal bleeding** *and all of:* • < 12 months' duration • no other **critical factor** or **other symptom** • no likely anorectal cause found (such as normal rigid/flexible sigmoidoscopy) or failed treatment of haemorrhoids • age < 50 years	**Rectal bleeding** *and all of:* • > 12 months, occasional • no other **critical factor** or **other symptom** • no likely anorectal cause found (such as normal rigid/flexible sigmoidoscopy) • any age	**Rectal bleeding** > 12 months, occasional *and all of:* • no other **critical factor** or **other symptom** • likely cause found after **specialist assessment** including rigid/flexible sigmoidoscopy such as haemorrhoids • If no response to treatment or recurrence, recommend Category 2 colonoscopy.
4	**Altered bowel habit (> 6/52 and < 12 months)** *and:* • any **critical factor**	**Altered bowel habit (> 6/52 and < 12 months)** *and both:* • no **critical factor and** • one or more **other symptom**	**Altered bowel habit (> 6/52 and < 12 months)** *and:* • no **critical factor** or **other symptom**	**Altered bowel habit** of less than six weeks' duration should be fully assessed and treated. If no response to treatment or recurrence, recommend Category 2 colonoscopy. **Chronic diarrhoea or constipation (> 12 months)** with no **critical factor** or **other symptom** should undergo specialist review with consideration to colonoscopy only after full assessment.

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Row	Category 1 (< 30 days)	Category 2 (< 60 days)	Category 3 (< 180 days)	Not indicated/comments
5	**Abdominal pain (unexplained)** *and:* • any **critical factor**	**Abdominal pain (unexplained)** *and both:* • no **critical factor** • one or more **other symptom**	**Abdominal pain (unexplained)** *and*: • no **critical factor** or **other symptom**	**Abdominal pain** of less than six weeks' duration should be fully assessed and treated with consideration of colonoscopy if no response or persistence. Colonoscopy is not indicated in a resolved episode of **acute** abdominal pain or diverticulitis with typical CT features and **both** no **critical factor** and no **other symptom**.
6	**Weight loss (unexplained)** *and either:* • any **critical factor** or • one or more **other symptom**			**Weight loss** *and all of:* • no **critical factor** or **other symptom** • normal examination • normal MCH/MCV/iron studies
7	**Mass palpable (abdominal or rectal) or present on rigid/flexible sigmoidoscopy**			Some masses (such as on the superficial abdominal wall) should be assessed by CT prior to consideration of colonoscopy.
8	**Possible inflammatory bowel disease (IBD)** *and any one of:* • any **critical factor** or other symptom • calprotectin (+) • raised CRP or ESR • iron deficiency • low albumin • abnormal rigid/flexible sigmoidoscopy	IBD reassessment for change in treatment	**Possible IBD** *and all of:* • no **critical factor** or **other symptom** • calprotectin (-) • normal CRP and ESR • no iron deficiency • normal albumin • specialist assessment (including normal rigid/flexible sigmoidoscopy)	Symptoms of IBD may mimic those of irritable bowel syndrome and include abdominal bloating, non-specific abdominal pain and irregular bowel habit.
9	**Low MCV/MCH or ferritin** *and:* • any **critical factor**	**Low MCV/MCH or ferritin** *and both:* • no **critical factor** • one or more **other symptom**	**Low MCV/MCH or ferritin** *and both:* • no **critical factor** or **other symptom** • age ≥ 50 years	**Low MCV/MCH or ferritin** *and both:* • no **critical factor** or **other symptom** • age < 50 years If no identifiable likely cause, no response to treatment or recurrence, consider Category 2 colonoscopy.
10	**Primary of unknown origin** *and either:* • any **critical factor** or • one or more **other symptom**			**Primary of unknown origin** *and all of:* • no **critical factor** or **other symptom** • normal examination • normal MCH/MCV/iron studies
11	**Abnormal imaging** – likely colorectal cancer	**Abnormal imaging** – unlikely colorectal cancer		
	Indication B: Surveillance (adenoma, colorectal cancer, inflammatory bowel disease) or on the basis of family history			
12	Procedures overdue by > 60 days	Procedures due as per NHMRC guidelines		Procedures not in line with NHMRC guidelines
	Indication C: Therapeutic			
13	Polyp ≥ 2 cm for excision	Polyp < 2 cm for excision		The timing of therapeutic procedures should remain at the discretion of the treating clinician.
	All other therapeutic procedures (including but not limited to colonic stenting, lesion identification by tattooing, foreign body removal, arrest of bleeding, colonic decompression, balloon dilation and anastomosis assessment).			

References

1. Barclay K, Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. Algorithm for colonoscopic surveillance intervals – adenomas 2013. Available from: http://www.cancer.org.au/content/pdf/wiki/Algorithm_for_Colonoscopic_Surveillance_Intervals_-_Adenomas.pdf. Accessed 04/02/2016.
2. Barclay K, Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. Algorithm for colonoscopic surveillance intervals – following surgery for colorectal cancer 2013. Available from: http://www.cancer.org.au/content/pdf/wiki/Algorithm_for_Colonoscopic_Surveillance_Intervals_-_Following_Surgery_for_Colorectal_Cancer.pdf. Accessed 04/02/2016.
3. Barclay K, Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. Algorithm for colonoscopic surveillance intervals – inflammatory bowel disease 2015. Available from: http://www.cancer.org.au/content/pdf/wiki/Algorithm_for_Colonoscopic_Surveillance_Intervals_-_IBD.pdf. Accessed 04/02/2016.
4. Cancer Council Australia Colonoscopy Surveillance Working Party. Clinical practice guideline for surveillance colonoscopy – in adenoma follow-up; following curative resection of colorectal cancer; and for cancer surveillance in inflammatory bowel disease. Sydney: Cancer Council Australia, 2011.
5. Geelong. Colonoscopy Clinical Prioritisation Guidelines developed with reference to NHMRC clinical practice guidelines for the prevention, early detection and management of colorectal cancer 2005, The Cancer Council Australia / Australian Cancer Network 2005. 2013.
6. Barclay K ,Cancer Council Australia Surveillance Colonoscopy Guidelines Working Party. Algorithm for colorectal cancer screening – family history 2013. Available from: http://www.cancer.org.au/content/pdf/wiki/Algorithm_for_Colorectal_Cancer_Screening_-_Family_History.pdf. Accessed 04/02/2016.

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