Colonoscopy Guidelines			
	Screening		Surveillance
	Average Risk	High Risk	
Population	 Asymptomatic Women and Men > 50 Years. African American Women and Men > 40 - 45 Yrs. No personal history of colorectal cancer (CRC), advanced adenomas, and/or gastrointestinal disease. 	 No personal history of colorectal cancer (CRC), advanced adenomas, and/or gastrointestinal disease. AND/OR Single first-degree relative with colorectal cancer (CRC), advanced adenomas (>1 cm, high-grade dysplasia or villous or serrated); diagnosed at age < 60 years (parent, sibling, or child). Two first-degree relatives' with colorectal cancer (CRC) or advanced adenomas. 	 Personal history of colorectal cancer (CRC), advanced adenomas, gastrointestinal disease, inflammatory bowel disease, and/or hereditary syndromes, i.e. such as Lynch, Familial Adenomatous Polyposis (FAP), Peutz-Jeghers Syndrome, Juvenile Polyposis Syndrome.
Recommended Intervention and Interval	■ Fecal Immunochemical Test (FIT) or Fecal Occult Blood Test (FOBT) ○ - Negative Test Recommended Interval: Repeat FIT/FOTB in 1-year ○ + Positive Test Next Recommended Level of Intervention: Screening Colonoscopy	 Screening Colonoscopy - Negative Colonoscopy (i.e. no indication of adenomatous polyps or hyperplastic polyps >20 mm) Recommended Interval: Colonoscopy every 5 years at age 40 or 10 years younger than earliest diagnosis of affected family member; Repeat every 10 years if family member diagnosed at age >60. Annual FIT testing may be recommended if appropriate. + Positive Colonoscopy Next Recommended Level of Intervention: Surveillance Colonoscopy 	Surveillance Colonoscopy Recommended Interval: Repeat as recommended by Gastroenterologist.