**Case Examples for New Minimal Elements:**

**Case 1:**

54 year old woman at average risk

Good prep; reached cecum

Transverse colon: 9 mm polyp completely removed

Pathology: sessile serrated polyp, no dysplasia

Recall interval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discussion:**

Go to Minimal Elements, Attachment 1B, page 2

Find Sessile serrated polyp(s), <10 mm with no dysplasia.

Recall interval is “Colonoscopy in no more than 5 years”—so the endoscopist can recommend an interval less than 5 as well.

**Case 2:**

64 year old man returning after colonoscopy 5 years ago; asymptomatic; no family history

Last colonoscopy findings: 5 tubular adenomas, all <10 mm, in cecum, ascending, and sigmoid colon

Excellent prep; reached cecum

1. Ascending colon: two 3-4 mm polyps; removed completely with hot biopsy forceps

2. Cecum: 12 mm irregular polypoid mass; biopsied, removed piecemeal; not completely removed

Pathology:

1. Tubular adenomas

2. Tubulovillous adenoma with high grade dysplasia; extends to the margins of the specimen

Next steps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discussion:**

1. With the findings on the last colonoscopy 5 years ago, when SHOULD the man have come back for his colonoscopy?
   1. Go to Minimal Elements, Attachment 1B, page 2
   2. Find “3-10 small (<10 mm) tubular adenomas”
   3. Recall interval is “Colonoscopy in no more than 3 years”

So, this man *should have* come back after 3 years rather than 5 years.

1. With the findings on this colonoscopy, he has a large, tubulovillous mass with high grade dysplasia, removed piecemeal, and not completely removed in his cecum
   1. Go to Minimal Elements, Attachment 1B, page 1
   2. Find “Uncertain removal”
   3. Recall interval/Next Steps is **“Consider colonoscopy at short interval (2-6 months) to verify complete removal”**

**Other considerations:**

1. The endoscopist may refer instead to a **surgeon for consult** because s/he may know that complete removal is unlikely with a colonoscopy
2. The recall interval could be even shorter than 2 months if the colonoscopist desires.

**Case 3:**

57 year old woman; never screened before; family history of brother with polyps of unknown type at age 55

Excellent prep; reached cecum

1. Splenic flexure: one 8 mm pedunculated polyp; removed completely with hot biopsy forceps

Pathology:

2. Hyperplastic polyp

Recall interval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discussion:**

1. With the **brother’s** findings on the colonoscopy at age 55, when *should* this 57 year old woman have started CRC Screening?
   1. Go to Minimal Elements, Attachment 1A, page 1 and find under Increased Risk: Family History

“A person who has one first degree relative at <60 years old…who had…polyp(s) with unknown histology”

* 1. Recommendation is for “colonoscopy” at age “40 years or 10 years before the youngest case in the family, whichever is earlier”
  2. For this woman, the brother had his polyps at age 55, so the recommendation would have been to have a colonoscopy at age 40 or 10 years earlier than the brother’s diagnosis (45) whichever is earlier, so **40 years of age** is the earlier of the two ages 40 or 45.

(Of course she would have had to come in and ask you when she was younger and she would have to have been a lot younger than her brother...but this is just an example…)

* 1. If additional information on the histology of the brother’s polyps can be obtained, it may change the recommendation, for example if it was a small hyperplastic polyp in the rectum.
  2. However, the woman is now 57, so she should be screened now when she presents to your program

1. With the findings on *this* colonoscopy, she has a single 8 mm hyperplastic polyp at the splenic flexure which is “proximal to the sigmoid” (or above the sigmoid) in the colon.
   1. Go to Minimal Elements, Attachment 1B, page 3
   2. Find “Hyperplastic polyp(s), few (1-3) in number, 6-9 mm in size, proximal to the sigmoid”
   3. Recall interval is **“Colonoscopy in 5 years”**