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Name of Clinical Care Pathway

Colonic Dysplasia/Cancer Surveillance

Objective

Early detection of colon cancer/dysplasia

Patient Population

Patients with a known diagnosis of IBD whose disease is in endoscopic remission. Active inflammation precludes a detailed assessment of colonic dysplasia.

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crohn's colitis

Highlight Box

The applicability of some suggested recommendations in these guidelines may be impacted by the IBD practitioners' access to recommended resources (colonic dye spray / virtual chromoendoscopy).

These clinical decision support tools were developed by Canadian experts in IBD, based on their interpretation of current evidence and considerations specific to Canadian healthcare. International guidelines from Europe and the United States are available. However, these may reflect regional factors not directly applicable in Canada.

Introduction

This care protocol aims to provide IBD providers guidelines for colonic dysplasia/cancer surveillance based on patients' risk.

IBD provider

Patient populations	Recommendation
Ulcerative colitis extending beyond the rectum or Crohn's disease involving 1/3 or more of the colon, has had disease for at least 8 years	Surveillance colonoscopy recommended, frequency according to risk (see Figure 1) (PACE QPI 11)
Ulcerative colitis or Crohn's disease (of any duration) and has coexisting primary sclerosing cholangitis	Annual surveillance colonoscopy (PACE QPI 10)
Ulcerative colitis or Crohn's disease has confirmed dysplasia in flat mucosa	Early repeat colonoscopic surveillance using pancolonic dye spray or virtual chromoendoscopy (interval depending on dysplasia risk) Consider surgical referral in very high-risk cases (i.e. high-grade dysplasia or multi-focal dysplasia) (PACE QPI 19)
Ulcerative colitis or Crohn's disease has confirmed visible dysplasia	Continued endoscopic surveillance if confirmed complete endoscopic resection and no invasive cancer on histology (interval depending on dysplasia risk); otherwise, surgical referral
Total proctocolectomy with an ileal pouch-anal anastomosis (IPAA)	Surveillance endoscopy according to risk (see Figure 2)
IBD with a subtotal colectomy	Consider surgical referral for a completion proctectomy as an alternative to ongoing endoscopic dysplasia surveillance; otherwise, endoscopic surveillance every 1- 5 years, depending on risk factors for colorectal cancer (See Figure 1) (PACE QPI 8)

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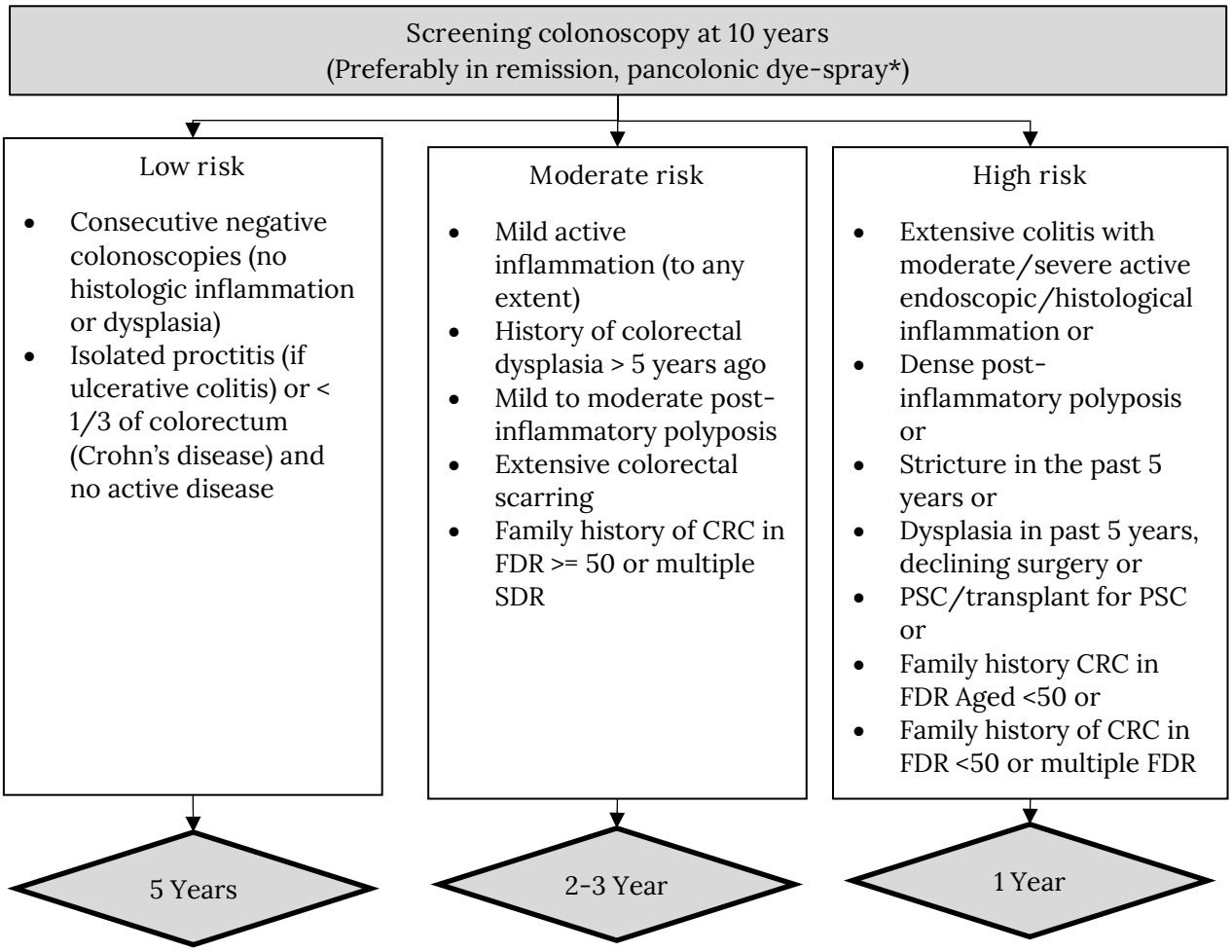

Screening/surveillance protocol
Pancolonic dye spray (if available) *or* virtual (NBI, iscan) chromoendoscopy with targeted biopsies/resection of visible abnormalities or high-definition white light colonoscopy with targeted biopsies/resection of visible abnormalities and extensive non-targeted biopsies throughout the colorectum (recommended 30-40)

Other considerations: Patient preference, multiple post-inflammatory polyps, age and comorbidity, accuracy, and completeness of examination

*If Available

CRC-Colorectal cancer
FDR-First degree relative
PSC-Primary sclerosing cholangitis

Figure 1: Surveillance recommendations for colonoscopy

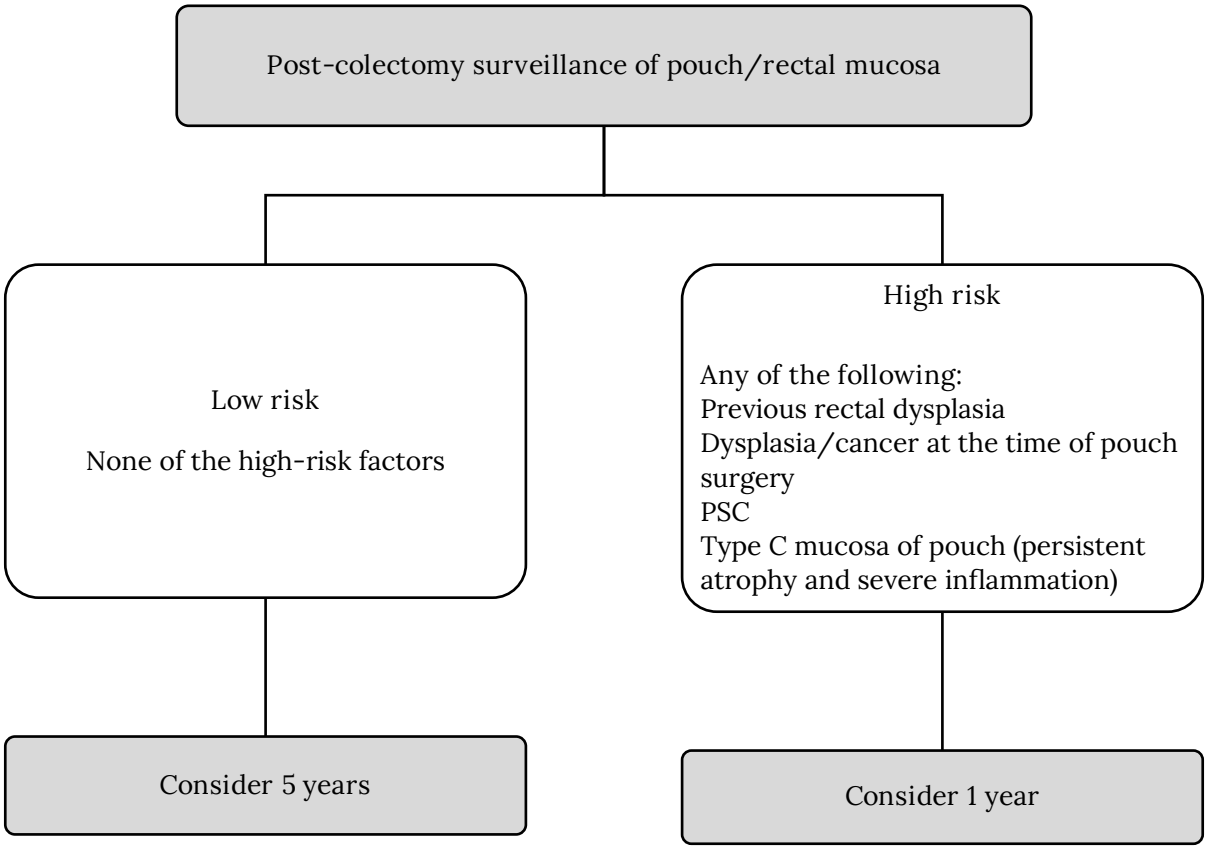

Figure 2: Surveillance recommendations post-colectomy

References

Bisschops R, East JE, Hassan C, et al. Advanced imaging for detection and differentiation of colorectal neoplasia: European Society of Gastrointestinal Endoscopy (ESGE) Guideline - Update 2019. Endoscopy. 12 2019;51(12):1155-1179. https://doi.org/10.1055/a-1031-7657

Cairns SR et al. Guidelines for colorectal cancer screening and surveillance in moderate and high-risk groups (update from 2002). Gut 2010;59:666–89. https://doi.org/10.1136/gut.2009.179804

Feakins RM. Inflammatory bowel disease biopsies: updated British Society of Gastroenterology reporting guidelines. Journal of Clinical Pathology 2013; 66(12):1005-26. https://doi.org/10.1136/jclinpath-2013-201885

Lamb et al. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. Gut 2019; 68:s1-s106. https://doi.org/10.1136/gutjnl-2019-318484

crohn's colitis

Magro F, Gionchetti P, Eliakim R, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 1: Definitions, Diagnosis, Extra-intestinal Manifestations, Pregnancy, Cancer Surveillance, Surgery, and Ileo-anal Pouch Disorders. J Crohns Colitis. Jun 2017;11(6):649-670. doi:10.1093/ecco-jcc/jjx008 https://doi.org/10.1093/ecco-jcc/jjx008

Murthy SK, Feuerstein JD, Nguyen GC, Velayos FS. AGA Clinical Practice Update on Endoscopic Surveillance and Management of Colorectal Dysplasia in Inflammatory Bowel Diseases: Expert Review. Gastroenterology. 09 2021;161(3):1043-1051.e4. https://doi.org/10.1053/j.gastro.2021.05.063