



Polyp Surveillance Data Collection Instructions

General Instructions

- Answer all questions based on documentation in the patient's record, or in any system (electronic or paper) your practice routinely uses to track the return of results.
- Do not skip questions or leave them blank unless instructed to do so on the form.
- Enter all dates as mm/dd/yyyy, using a leading zero if necessary (enter April 8, 2006 as 04/08/2006).

Instructions for Specific Questions

Additional instructions for some of the questions are provided below.

Past Medical History

For question 1, select "Yes" for inflammatory bowel disease if the patient has:

- Inflammatory bowel disease
- IBD
- Ulcerative colitis
- Crohn's Disease
- Microscopic colitis

Do NOT select "Yes" for a diagnosis of irritable bowel syndrome (IBS)

For question 2, select "Yes" for inherited polyposis syndrome if the patient has:

- Familial adenomatous polyposis
- FAP
- Hereditary nonpolyposis colorectal cancer
- HNPCC
- Lynch Syndrome
- Turcot syndrome
- Gardner's syndrome
- Peutz-Jeghers syndrome

For question 3, select "Yes" for colorectal cancer if prior to the colonoscopy the patient has had:

- Colon cancer
- Rectal cancer
- Colorectal cancer
- CRC

Do *not* select "Yes" for a family history of colorectal cancer. Also do not select "Yes" if the patient had a previous colorectal polyp removed which was negative for cancer.

If the patient was found to have colorectal cancer on the colonoscopy that qualified them for this review, also select “Yes”.

Colonoscopy Report

For question 9, if “photography” is documented, but the photograph(s) are not labeled or not present, answer “Unknown”.

For question 10, indicate the endoscopist’s assessment of the bowel preparation as given in the colonoscopy report.

Polyp Findings

For question 11, location of polyp, if more than one polyp was found in the same area, they do not have to be listed individually. For example, for documentation of “Three polyps found in ascending colon”, answer “Yes”.

For question 12, size of polyp – answer “No” if the only estimation of size is in the pathology report. If more than one polyp was found, they do not have to be listed individually. For example, for documentation of “Four polyps ranging 3-6mm found in ascending colon”, answer “Yes”.

For question 13, gross Morphology – select “Yes” if the colonoscopy report describes each polyp’s appearance, for example sessile, pedunculated, flat, hyperplastic, benign appearance, or mass-like. If more than one polyp of the same type was found, they do not have to be listed individually. For example, for documentation of “Multiple diminutive hyperplastic rectal polyps”, answer “Yes”.

For question 14, technique and method of removal –answer “Yes” if the colonoscopy report indicates the technique and method of removal, including:

Technique

- Hot snare
- Cold snare
- Hot biopsy
- Cold biopsy
- Fulgaration without biopsy

Method of removal

- Forceps removal
- Cautery snare removal
- Cautery forceps removal
- Saline injection/elevation
- APC ablation

For question 15, completeness of resection – select “Yes if colonoscopy report documents the degree of completeness (or incompleteness) of removal of each polyp, for example complete, incomplete, or partial.

Pathology Results

For question 17, select “Yes” if it is possible to determine that a physician reviewed the pathology report (for example, the endoscopist’s initials are on the report. Or a covering physician writes a progress note.) Do not select “Yes” if a non-physician clinician notified the patient of the results but no indication of a physician review of the pathology report is documented.

For question 18, do not consider findings not related to colorectal cancer screening (e.g., hemorrhoids, diverticulosis, etc.) If differing pathology results are present for more than one polyp, enter the results for the least normal (most abnormal) finding.

For question 18, if the findings are not one of the options listed, select “Other” and enter the findings as stated in the record. Also select “Other” if the findings are small left-sided hyperplastic polyp(s).

Plan

For question 19, the recommended interval for a follow-up colonoscopy may be given as a point in time (for instance “in 3 years”) or as a range (e.g., “in 3-5 years”). Enter the interval that was recommended for this patient.

Notification of Results

For questions 21-23, the results (findings) of the colonoscopy, and the recommendation for the follow-up interval, may be communicated to the patient and their other providers in several possible ways including a letter, phone call, or discussion at a follow-up appointment. A copy of the report that was sent may be present, or a notation that such a report was sent.

For question 23, do *not* consider that the patient has been notified of the results and f/u interval if the only documentation is information given to the patient (and/or family) immediately after the colonoscopy but before the pathology report has returned.