Participant data: Asymptomatic Veterans age 50-75 who had not undergone CRC screening in the prior 10 years underwent colonoscopy and were classified into 6 risk groups by baseline colonoscopy findings: no neoplasia, 1-2 small adenomas, 3-10 adenomas, >10 adenomas, advanced adenoma (polyp \( \geq 1 \) cm, villous histology, or high grade dysplasia), and CRC. Subjects were followed for 10 years until death or last colonoscopy.

Outcomes: We report the proportions who developed advanced neoplasia (defined as advanced adenoma or CRC) and CRC.

**Background and Objective**

- Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States and the vast majority of deaths are preventable. Risk of CRC is derived from studies with 3-5 years follow-up while new information suggests that many patients may not need intensive surveillance.
- Cooperative Studies Program (CSP) #380, Risk Factors for Large Colonic Adenomas, is an observational study of 3121 Veterans enrolled from 1994-97 at 13 VA sites for screening colonoscopy and prospective follow-up.
- We report 10 year outcomes based on risk group after baseline colonoscopy.

**Methods**

- Participant data: Asymptomatic Veterans age 50-75 who had not undergone CRC screening in the prior 10 years underwent colonoscopy and were classified into 6 risk groups by baseline colonoscopy findings: no neoplasia, 1-2 small adenomas, 3-10 adenomas, >10 adenomas, advanced adenoma (polyp \( \geq 1 \) cm, villous histology, or high grade dysplasia), and CRC. Subjects were followed for 10 years until death or last colonoscopy.
- Outcomes: We report the proportions who developed advanced neoplasia (defined as advanced adenoma or CRC) and CRC.

**Table 1. 10-Year Outcomes by Baseline Colonoscopy Findings**

<table>
<thead>
<tr>
<th>Baseline (N)</th>
<th>Any Follow-Up Colonoscopy (N)</th>
<th>Advanced Neoplasia in 10-Year Period</th>
<th>Colorectal Cancer in 10-Year Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort [3121]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No neoplasia [1950]</td>
<td></td>
<td>933</td>
<td>4.0%</td>
</tr>
<tr>
<td>1-2 tubular adenomas &lt;10 mm [687]</td>
<td></td>
<td>560</td>
<td>5.9%</td>
</tr>
<tr>
<td>3-10 adenomas [153]</td>
<td></td>
<td>134</td>
<td>15.7%</td>
</tr>
<tr>
<td>&gt;10 adenomas (2)</td>
<td></td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Advanced adenoma (299)</td>
<td></td>
<td>265</td>
<td>19.2%</td>
</tr>
<tr>
<td>Colorectal cancer (30)</td>
<td></td>
<td>23</td>
<td>34.8%</td>
</tr>
</tbody>
</table>

**Results**

- Patients with baseline advanced neoplasia or > 3 polyps need early intensive surveillance, particularly for the first 3 years.
- Patients with baseline advanced neoplasia or > 3 polyps need early intensive surveillance, particularly for the first 3 years.
- Patients with baseline CRC are at high risk for recurrence and need intensive surveillance.
- Advanced neoplasia or >3 adenomas
  - High in the first 3 years, followed by a sharp decline
  - Less frequent surveillance later if no advanced neoplasia is found during surveillance

**Conclusions**

- Baseline colonoscopy result is a strong predictor of 10-year outcomes of advanced neoplasia.

**References**


**Support**

This research was supported by the VA Cooperative Studies Program.