COLITIS SURVEILLANCE SCREENING COLONOSCOPY AT 10 YEARS (preferably in remission, pancolonic dye-spray) LOWER RISK INTERMEDIATE RISK HIGHER RISK Extensive colitis with MILD ACTIVE endoscopic/histological inflammation Extensive colitis with MODERATE/SEVERE ACTIVE endoscopic/histological inflammation Extensive colitis with NO ACTIVE endoscopic/histological inflammation OR post-inflammatory polyps OR family history CRC in FDR aged 50+ OR left-sided colitis OR stricture in past 5 years OR Crohn's colitis of <50% colon OR dysplasia in past 5 years declining surgery OR PSC / transplant for PSC OR family history CRC in FDR aged <50 5 Years 3 Years 1 Year **BIOPSY PROTOCOL** OTHER CONSIDERATIONS Pancolonic dye spraying with targeted biopsy of abnormal areas is recommended, otherwise 2-4 random Patient preference, multiple post-inflammatory polyps, age & comorbidity, accuracy & completeness of biopsies from every 10 cm of the colorectum should be examination taken CRC – colorectal cancer FDR – first degree relative PSC - primary sclerosing cholangitis

