

FAP Surveillance (Upper Gastrointestinal Surveillance) - Full Clinical Guideline

Reference No: CG-ENDO/2017/007

- 1. To commence from age 25 years, or younger if there are symptoms
- 2. In patients with FAP treated by colectomy, upper gastrointestinal cancer is the major cause of death.
- 3. "Normal" endoscopy fails to see the problem. (use dye spray with Indigo Carmine)
- 4. Side viewing video duodenoscopy is essential.
- 5. There are five stages to assess duodenal disease:
 - i. Count the polyps
 - ii. Measure the largest
 - iii. Biopsy larger polyps
 - iv. Record these facts in your report

CALCULATE THE SPIGELMAN SCORE = Add the scores for size, number and histology

				Score
No. of polyps	1 – 4	5 – 20	>20	
Size of polyps	1 – 4mm	5 – 10mm	>10mm	
Histology	Tubular adenoma	Tubulovillous adenoma	Villous adenoma	
Dysplasia	Mild	Moderate	Severe	
Points to be allocated (enter in score column for each factor)	1	2	3	Total (add above scores)

The Spigelman stage can be calculated using the table below

Spigelman Stage	Points	Recommendation
0 & I	0-4	5 yearly endoscopy
II	5-6	3 yearly endoscopy
III	7-8	Annual endoscopy +/- endoscopic therapy. (May benefit from chemoprevention)
IV	9-12	Should be considered for surgery and/or annual endoscopic therapy and chemoprevention (all stage 4 to be discussed at the HPB MDT)

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NB: OGD at least once a year must be advised for any patient stages as Spigelman |V| at any time, regardless of any down-staging that has been achieved.

	Polyps	Histology	Dysplasia	Frequency
Major	>1cm	Villous features	Moderate or severe	Annual exams
Minor	<1cm	Tubular adenoma	Mild	3 yearly exams

Documentation Controls

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Review Date:	October 2020
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