

**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**

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

**The Spigelman stage can be calculated using the table below**

<b>Spigelman Stage</b>	<b>Points</b>	<b>Recommendation</b>
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)

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

	<b>Polyps</b>	<b>Histology</b>	<b>Dysplasia</b>	<b>Frequency</b>
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 - <b>Extended to April 2024</b>
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