

Supplementary Table 1. Recommended follow-up interval after colonoscopy, by colonoscopy finding, for patients aged 50–65^a

Most advanced finding	Total N	Recommended interval to next colonoscopy, N (%) of patients						
		≤1 year	2 years	3 years	5 years	10 years	Other	None
No findings	800,841	2008 (0.3)	315 (0.0)	2693 (0.3)	88,302 (11.0)	698,255 (87.2)	7487 (0.9)	1781 (0.2)
Hyperplastic polyps^b	219,880	1142 (0.5)	322 (0.2)	9891 (4.5)	66,534 (30.3)	133,506 (60.7)	7408 (3.4)	1077 (0.5)
1–2 tubular adenomas <10 mm	437,531	4574 (1.1)	1565 (0.4)	51,861 (11.9)	362,408 (82.8)	4265 (1.0)	12,089 (2.8)	769 (0.2)
Sessile serrated polyp <10 mm without dysplasia	82,826	1996 (2.4)	796 (1.0)	22,235 (26.9)	55,272 (66.7)	471 (0.6)	1946 (2.4)	110 (0.1)
≥3 adenomas^c	84,607	4408 (5.2)	1400 (1.7)	68,094 (80.5)	8854 (10.5)	78 (0.1)	1670 (2.0)	103 (0.1)
Advanced serrated lesion^d	27,487	3610 (13.1)	707 (2.6)	17,407 (63.3)	4977 (18.1)	72 (0.3)	687 (2.5)	27 (0.1)
Advanced adenoma^e	96,890	18,462 (19.2)	2804 (2.9)	67,380 (69.5)	6057 (6.3)	69 (0.1)	2026 (2.1)	92 (0.1)

^a This table presents patient-level data on the endoscopist’s recommended follow-up interval to the next colonoscopy. Shaded cells in table are the recommended follow-up intervals according to the 2012 US Multi-Society Task Force (8) unless noted below. The 2012 recommendations were used since they were in place during the study period of 2016–2019.

^b The follow-up interval recommended by the 2012 US Multi-Society Task Force for hyperplastic polyps is 10 years if <10 mm and in the rectum or sigmoid (8), but the GIQuIC database did not contain information on the size or location of hyperplastic polyps. Since experts have suggested a 5-year interval may be appropriate for proximal hyperplastic polyps (50), an interval of 5 years is also shaded to indicate this interval may meet recommendations.

^c The follow-up interval recommended by the 2012 US Multi-Society Task Force is 3 years for 3–10 adenomas but <3 years if >10 adenomas (8). The GIQuIC database did not contain information on the exact number of adenomas.

^d Advanced serrated lesions: sessile serrated polyp (SSP) ≥10 mm, SSP with dysplasia, or traditional serrated adenoma.

^e Advanced adenoma: ≥10 mm, high-grade dysplasia, or villous component.

GIQuIC, GI Quality Improvement Consortium.

Supplementary Table 2. Recommended follow-up interval after colonoscopy, by colonoscopy finding, for patients aged 66–75^a

Most advanced finding	Total N	Recommended interval to next colonoscopy, N (%) of patients						
		≤1 year	2 years	3 years	5 years	10 years	Other	None
No findings^b	183,252	584 (0.3)	85 (0.1)	777 (0.4)	23,253 (12.7)	126,989 (69.3)	4427 (2.4)	27,137 (14.8)
Hyperplastic polyps^c	44,557	287 (0.6)	96 (0.2)	2039 (4.6)	13,796 (31.0)	22,917 (51.4)	2067 (4.6)	3355 (7.5)
1–2 tubular adenomas <10 mm	127,532	1723 (1.4)	497 (0.4)	15,878 (12.5)	102,249 (80.2)	1138 (0.9)	4070 (3.2)	1977 (1.6)
Sessile serrated polyp <10 mm without dysplasia	19,070	559 (2.9)	192 (1.0)	5455(28.6)	12,026 (63.1)	87 (0.5)	541 (2.8)	210 (1.1)
≥3 adenomas^d	32,917	160 (0.5)	674 (2.1)	25,865 (78.6)	3392 (10.3)	23 (0.1)	708 (2.2)	160 (0.5)
Advanced serrated lesion^e	6937	1055 (15.2)	187 (2.7)	4223 (60.9)	1191 (17.2)	17 (0.3)	209 (3.0)	55 (0.8)
Advanced adenoma^f	29,788	6888 (23.1)	926 (3.1)	19,361 (65.0)	1772 (6.0)	18 (0.1)	729 (2.5)	94 (0.3)

^a This table presents patient-level data on the endoscopist’s recommended follow-up interval to the next colonoscopy. Shaded cells in table are the recommended follow-up intervals according to the 2012 US Multi-Society Task Force (8) unless noted below. The 2012 recommendations were used since they were in place during the study period of 2016–2019.

^b If there were “no findings” on the colonoscopy, a recommendation of “none” for follow-up interval may meet guidelines for some patients aged 66–75 years, since the US Preventive Services Task Force recommends that clinicians only selectively offer colorectal cancer screening in adults aged 76–85 years (2).

^c The follow-up interval recommended by the 2012 US Multi-Society Task Force for hyperplastic polyps is 10 years if <10 mm and in the rectum or sigmoid (8), but the GIQuIC database did not contain information on the size or location of hyperplastic polyps. Since experts have suggested a 5-year interval may be appropriate for proximal hyperplastic polyps (50), an interval of 5 years is also shaded to indicate this interval may meet recommendations.

^d The follow-up interval recommended by the 2012 US Multi-Society Task Force is 3 years for 3–10 adenomas but <3 years if >10 adenomas (8). The GIQuIC database did not contain information on the exact number of adenomas.

^e Advanced serrated lesions: sessile serrated polyp (SSP) ≥10 mm, SSP with dysplasia, or traditional serrated adenoma.

^f Advanced adenoma: ≥10 mm, high-grade dysplasia, or villous component.

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