Figure 1. Suggested Workup for Individuals Screened for or Suspected of Colorectal Cancer

Colonoscopy

Polyp(s) detected and removed

Pathology review

Malignant

Single specimen with favorable histology and clear margins

Pedunculated (having a stalk) polyp

Observe

Sessile (flat) polyp

Observe or colectomy and lymph node removal

Fragmented specimen or margin cannot be accessed or unfavorable histology

Colectomy and lymph node removal

MSI-high histology or patient meets ≥1 Bethesda criterion

Stage II patients less likely to benefit from single-agent 5-FU therapy; Lynch syndrome workup recommended

MSI-low or stable

Stage II patients more likely to benefit from single-agent 5-FU therapy; Lynch syndrome unlikely

Lynch Syndrome, Microsatellite Instability (MSI)

5-FU indicates 5-fluorouracil.

MSI-high histology is defined as the presence of tumor infiltrating lymphocytes, Crohn’s-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern. In stage II and III disease, MSI-high tumor is a marker of favorable outcome and is predictive of no response to 5-FU-based therapy.23 5-FU indicates 5-fluorouracil.

Favorable histology includes grade 1 or 2, negative margins, and no angiolympathic invasion. Unfavorable histology includes grade 3 or 4, positive margin, or angiolympathic invasion. MSI-high histology is defined as the presence of tumor infiltrating lymphocytes, Crohn’s-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern. In stage II and III disease, MSI-high tumor is a marker of favorable outcome and is predictive of no response to 5-FU–based therapy.23 5-FU indicates 5-fluorouracil.

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