



**Complex Polyps Adjudication Referral form**

The following template outlines the minimum amount of information that is required to make a recommendation on the optimal management of a complex polyp (i.e., endoscopic versus surgical resection). Facilities and/or regions may adapt this template for use when sending cases to polyp adjudication.

To optimize patient safety and experience, and to maximize uptake from referring endoscopists, the ideal turnaround time from adjudication referral to the recommendation on management is **two weeks**.

Please complete and send to:			
Name of hospital and/or region:	Fax and/or telephone number:	Consulting physician(s) name:	
Referring Physician Information		Patient Information	
Physician Name:		<ul style="list-style-type: none"> <li>• Patient First Name</li> <li>• Patient Last Name</li> <li>• Patient Sex</li> <li>• Patient Date of Birth</li> <li>• Health Card Number</li> <li>• Hospital Number</li> </ul>	
CPSO registration number:			
Address:			
City:	Postal Code:		
Phone:	Fax:		
Email:			
Reason for review (check all that apply)			
<b>Size</b>	<input type="checkbox"/> Greater than 3 centimeters		
	<input type="checkbox"/> Greater than one-third the luminal circumference		
<b>Location</b>	<input type="checkbox"/> Involvement of the appendiceal orifice		
	<input type="checkbox"/> Involvement of the ileocecal valve		
	<input type="checkbox"/> Suspected involvement of a diverticular opening		
	<input type="checkbox"/> Close proximity to the dentate line		
	<input type="checkbox"/> Difficult position for endoscopic resection		
<b>Morphology</b>	<input type="checkbox"/> Non-granular surface		
	<input type="checkbox"/> Ulcer in an otherwise benign looking polyp		
	<input type="checkbox"/> Polyp is not lifting with submucosal injection		
	<input type="checkbox"/> Depressed component (Paris IIC morphology)		
<b>Other</b>	<input type="checkbox"/> Partial polypectomy/prior attempt at resection		
	<input type="checkbox"/> Lesion exceeds perceived skillset		
	<input type="checkbox"/> Other (please identify):		
Additional Information			
Is the patient on antithrombotic medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which one(s)?
Does the patient have an implantable cardioverter defibrillator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bowel preparation type used at the colonoscopy where the polyp was identified?			
Bowel preparation quality at the colonoscopy where the polyp was identified?			
<input type="checkbox"/> Very good (adequate) <input type="checkbox"/> Fair (adequate with cleaning) <input type="checkbox"/> Poor (inadequate, a repeat procedure was required)			
Please list any other comorbidities:			
Images that meet the following criteria should be sent with the referral: <ul style="list-style-type: none"> <li>• adequate cleaning and distention of the colon;</li> <li>• in focus and in colour;</li> <li>• show multiple angles of the complex polyp; and</li> <li>• capture the size and morphology of the polyp, the polyp proximity to nearby structures and the attachment points of the polyp to the wall of the colon or rectum.</li> </ul>			Please send the following if applicable: <ul style="list-style-type: none"> <li>• Consultation notes</li> <li>• Relevant pathology and/or lab reports</li> </ul>