Based on current evidence, the answer to the first part of this question can be found in the updated guidelines on colon cancer screening and surveillance put forth by the US Multisociety Task Force on Colorectal Cancer. This document integrates emerging evidence into previously established guidelines and serves as the current roadmap for the primary prevention of colorectal cancer. The patient depicted in the clinical scenario described above fits into the category of people at increased risk for colorectal cancer who should undergo colonoscopic surveillance, and the timing of her next examination should be based on the findings of her previous colonoscopy. Within this category, there is a risk stratification process that needs to occur. Patients with numerous adenomas, a malignant adenoma, a large sessile adenoma, or an incomplete colonoscopy on their previous colonoscopy should undergo a repeat examination within a short time interval. These recommendations do not define several of the parameters involved in making these determinations. At our institution, we define “numerous” adenomas as 10 or more adenomas of any size, a “large” sessile adenoma as ≥1 cm in its longest dimension, and a “short” time interval as 2 to 6 months. According to the guidelines, patients with advanced or multiple (≥3) adenomas should undergo repeat colonoscopy in 3 years. We define an “advanced” adenoma (in accordance with previous trials examining colonoscopy for colorectal cancer...