



Colorectal Cancer (CRC) Well Follow-up Care, Surveillance and Secondary Prevention

Gastrointestinal Cancer Disease Site Group, Practice and Patient Management Policies
(II) Surveillance of Stage II-III Colorectal Cancer – Revision 2: August 2013

CRC Surveillance		
Test	Suggested Frequency of Tests ^{1,2}	
	First 3 Years	Years 4-5
Medical History, Physical Exam ^{1,2}	Every 6 months	Annually
Serum CEA laboratory test ^{1,2}	Every 6 months	Annually
CT Scan: ³ Chest / abdomen / pelvis	Annually	Annually
Colonoscopy (usually arranged by primary surgeon)	Quality Assurance: within one year after surgery <ul style="list-style-type: none"> ▪ Frequency of future colonoscopies is based on findings of the previous one, but in general to be done every 3-5 years. ▪ If complete colonoscopy was not done at diagnosis, one should be done within six months of completing primary treatment. 	
Additional Comments: <ol style="list-style-type: none"> 1. The CRC surveillance program is recommended to be initiated sometime within the first 6-12 months after discharge from the Cancer Program. 2. Current evidence supports that clinic visits and CEA be performed as frequently as every 3 months in the first 3 years, and as intermittent as annually in the first 3 years. 3. CT scan is the preferred imaging modality. If specific circumstances preclude the use of CT imaging (e.g. renal function, patient preference): <ul style="list-style-type: none"> ▪ An ultrasound can be substituted for CT abdomen or pelvis, and ▪ Chest x-ray can be substituted for CT chest; ▪ These should be done every 6-12 months for 3 years then annually for 2 years (years 4 & 5). 		

References

Evidence-Based Series 26-2: Follow-up Care, Surveillance Protocol, and Secondary Prevention Measures for Survivors of Colorectal Cancer. C. Earle, R. Annis, J. Sussman, A.E. Haynes, and A. Vafeai. February 3, 2012

Effect of 3-5 years of scheduled CEA and CT follow-up to detect recurrence of colorectal cancer: FACS randomized controlled trial. 2013 ASCO Annual Meeting. Abstract Number: 3500, J Clin Oncol 31, 2013 (suppl; abstr 3500). Author(s): David Mant et al.

CRC Well Follow-up Care, Surveillance and Secondary Prevention

Secondary Prevention	
Any new and persistent or worsening symptom warrants consideration of a recurrence	<ul style="list-style-type: none"> ▪ Abdominal pain ▪ Dry cough ▪ Vague constitutional symptoms like fatigue, nausea ▪ Unexplained weight loss
Signs and symptoms specific to rectal cancer	<ul style="list-style-type: none"> ▪ Pelvic pain ▪ Sciatica ▪ Difficulty with urination or defecation ▪ Rectal bleeding ▪ Altered bowel habits
Common and/or Significant Long-term and Late Effects of CRC Treatment	
General	<ul style="list-style-type: none"> ▪ Fatigue ▪ Anxiety ▪ Depression <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">NOTE: Patients can be referred to the Cancer Centre for psychosocial care for up to one year after discharge</div>
Related to Surgery	<ul style="list-style-type: none"> ▪ Frequent and/or urgent bowel movements or loose bowels – often improves over the first few years ▪ Gas and/or bloating ▪ Incisional hernia ▪ Increased risk of bowel obstruction ▪ Anal dysfunction (incontinence) ▪ Sexual dysfunction (e.g., vaginal dryness, erectile dysfunction, retrograde ejaculation)
Related to Medication	<ul style="list-style-type: none"> ▪ Peripheral neuropathy (associated with use of oxaliplatin) ▪ “Chemo-brain,” includes difficulty with short-term memory and ability to concentrate
Related to Radiation	<ul style="list-style-type: none"> ▪ Localized skin changes (colour, texture, loss of hair) ▪ Rectal ulceration and/or bleeding (radiation proctitis) ▪ Bowel obstruction (from unintended small bowel scarring) ▪ Infertility ▪ Sexual dysfunction ▪ Second primary cancers in the radiation field (typically 7-10 years after radiotherapy) ▪ Bone fracture (e.g., sacral region)
Counseling Goals – Maintaining a Healthy Lifestyle	
<ul style="list-style-type: none"> ▪ Maintain an ideal body weight ▪ Eat a healthy diet ▪ Engage in a physically active lifestyle 	<div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">NOTE: Patients can be referred to the Cancer Centre for consultation on nutrition with a Dietician for up to one year after discharge</div>