

Surveillance Guidelines for Routine Colon Cancer Follow-Up

Below you will find the evidence based follow-up guidelines for colon cancer patients who have completed active treatment*.

The guideline outlines the tests required for follow-up surveillance. This guideline has been developed using the best available evidence.

This guideline represents a consensus opinion of the *Cancer Care Nova Scotia* Gastrointestinal (GI) Cancer Site Team and should not be interpreted as strict rules for practice. The guidelines will be revised as the evidence changes.

The purpose of follow-up is twofold:

- to detect new primary colorectal cancers
- to detect loco-regional and metastatic recurrence.

The risk of a second cancer is estimated to be 3 to 5% in the 5 years following treatment. The risk of a metastatic recurrence of the previous cancer varies with stage, the adjuvant therapy received, and the time elapsed since surgery:

It is estimated that follow-up surveillance results in a 5% improvement in survival. However, this survival benefit is based on subsequent treatment such as resection of localized metastases. If a patient is not a candidate for surgery, (e.g. poor general health), then this surveillance would not be recommended.

Reasons for Re-Referral

- suspected recurrence of disease (local, regional or distant).
- suspected significant treatment-related side effects.

Patients on routine surveillance have been discharged from the Capital Health Cancer Care Program. Primary care providers/surgeons can contact the patient's treating oncologist at any time if this is felt to be indicated by the patient or their physician.

Follow-up recommendations for Colon cancer Survivors By Years after End of Treatment

Recommendations	Year 1	Year 2	Year 3	Year 4 & 5
Primary Care Provider Visit	Every 3 to 6 months	Every 3 to 6 months	Every 3 to 6 months	Every 6 months
CEA Test	Every 3 to 6 months	Every 3 to 6 months	Every 3 to 6 months	Every 6 months
CT Scan	An annual CT of the chest, abdomen and pelvis should be performed annually in patients considered fit for potential surgical resection of metastatic lesions.			As determined by health care provider -based on clinical suspicions including elevated CEA results

**Colonoscopy Follow up by Years after Diagnosis
To be coordinated with the attending surgeon**

Recommendations	Year 1	Year 3	Year 5	Ongoing
Colonoscopy A complete colonoscopy should be done around the time of diagnosis	A complete colonoscopy should be done one year after diagnosis	If previous colonoscopy shows no signs of a recurrent tumour or polyps, a colonoscopy should be done at three years	If previous colonoscopy shows no signs of a recurrent tumour or polyps, a colonoscopy should be done at five years.	If normal every 3 to five years thereafter, as long as the patient is in good health.

Generally, the first follow up colonoscopy is booked by the surgeon. If you have concerns that this has not been scheduled, please re-refer your patient to the original surgeon.

** Based on "Colorectal Cancer Surveillance: 2005 Update of an American Society of Clinical Oncology Practice Guideline". For additional information on guidelines for routine colorectal cancer follow up, please refer to their website www.asco.org.*