



## FOLLOW-UP GUIDELINES Biliary Tract and Gall Bladder Cancer June 2011

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of treatment follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms between regular follow-up visits. These recommendations are consistent with the individual disease's natural history and the chances of detecting potentially curable recurrent cancer. Specifically:
  - The vast majority of patients who relapsed do so within the first three years.
  - The majority of patients who relapse present with symptoms of recurrence between regularly scheduled follow-up visits.
  - Except in the rare case of localized recurrence, there is no current evidence that the detection or treatment of early asymptomatic clinical recurrence is associated with better overall outcome or survival.

### Follow-Up after Curative Therapy

There is lack of evidence that early detection of asymptomatic recurrence by imaging study or tumor marker may be associated with better clinical outcome or survival. Follow-up investigations should be individualized based on stage of the cancer, adjuvant treatment provided, performance status, and clinical signs and symptoms. There is lack of level 1 evidence with respect to optimal follow up of patients with biliary tract and gall bladder cancer who are treated with curative intention.

- In patients treated with curative intent consider history and physical examination every 3–6 months for the first 3 years then every 6–12 months for the next 2 years and annually thereafter. All patients should be educated to seek medical attention if they developed abnormal symptoms.
- Laboratory testing including CBC, serum chemistry, LFT, and tumor marker (CEA, CA19-9) as clinically indicated.
- Routine imaging studies and endoscopic examination are not recommended and can be performed as clinically indicated.

**Reference: SCA Provincial Biliary Tract and Gall Bladder Cancer Treatment Guidelines**

[www.saskcancer.ca/Default.aspx?DN=b1586bc3-431f-4998-a55c-ec2c34c090ba](http://www.saskcancer.ca/Default.aspx?DN=b1586bc3-431f-4998-a55c-ec2c34c090ba)