



FOLLOW-UP GUIDELINES

Colorectal Cancer

September 2011

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace Physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, comorbidities, performance status, age, available resources and funding considerations. SCA disclaims all liability for the use of guidelines except as expressly permitted by SCA. No portion of these guidelines may be copied, displayed for redistribution to third parties for commercial purposes or any non-permitted use without the prior written permission from SCA.

Follow-Up for All Patients

- History and physical examination every 3- 6 months for first three years and then every 6-12 months for the next two years and annually thereafter.
- CEA testing every three to six months for first three years then every 6 to 12 months for total of five years for T2 or greater lesions. Progressive CEA rises warrant a work-up for recurrent disease.
- Consider CT scan of the thorax, abdomen, and pelvis (for rectal cancer) annually for three years in high risk patients who might be candidates for salvage surgery or palliative chemotherapy. More frequent imaging study may be considered in patients who had stage IV disease and underwent complete resection of metastatic lesions (i.e. every 3-6 months in the first two years and every 6-12 months in the subsequent three years). Most of the colon cancer relapses are within 3 years therefore follow-up with CT can be done for three years. Rectal cancer relapses can be late and therefore require long term follow-up probably up to 7 to 10 years.
- Repeat colonoscopy one year post surgery (and annually until free of polyps), then every 3-5 years thereafter. If no full length preoperative colonoscopy was undertaken, schedule for 3-6 months post initial surgery to exclude synchronous malignancy or polyps.
- Flexible procto-sigmoidoscopy every 6 months for 5 years for rectal cancer patients not treated with pelvic radiation.

NOTE: Routine CBCs, liver function tests, fecal occult blood tests, or other imaging studies are NOT recommended unless clinically indicated.

Reference: SCA Provincial Colorectal Cancer Treatment Guidelines
<http://www.saskcancer.ca/Colorectal%20CPGs>