



FOLLOW-UP GUIDELINES

Gastro-Esophageal Junction Cancer Treatment Guidelines

June 2014

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.

Follow-Up for after Curative Therapy

Follow-up investigations should be tailored based on disease stage, 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 stomach and GE junction cancer who are treated with curative intention. All patients should be educated to seek medical attention if they developed abnormal symptoms.

- In patients treated with curative intent: 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.
- Routine imaging studies such as thoracoabdominal CT scan, abdominal ultrasound and chest x-ray are not recommended and can be performed as clinically indicated.
- Endoscopic examination as clinically indicated.
- Laboratory testing including CBC, serum chemistry, LFT, and CEA only as clinically indicated.
- Nutritional counseling for all; vitamin B12 supplementation in patients who have had proximal or total gastrectomy

Reference: SCA Provincial Gastro-Esophageal Junction Cancer Treatment Guidelines:
www.saskcancer.ca/Default.aspx?DN=b1586bc3-431f-4998-a55c-ec2c34c090ba