



Gastro-Intestinal Cancer Criteria for Discharge

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Discharge pathway for gastro-Intestinal patients

All stage I and 2 patients who do not require treatment or have finished their required treatment, and low risk stage III patient who have finished their planned treatment. There should be clear instruction regarding surveillance protocol, provided there is family doctor available to do the surveillance.

Who should be followed in oncology clinic:

- High risk stage III patients who require close monitoring.
- Any patient who has complications from the treatment that requires oncology input, until complications resolved.
- All stage IV patients, unless considered safe to discharge by treating most responsible physician (MRP).

How long should patients be followed:

Stage III, or anyone with early stage and who has complication from the treatment, for at least 3 years provided complications of treatment resolved. Stage IV patient to be followed indefinitely, unless considered safe to discharge by treating MRP.

Who should follow patients in oncology (medical oncologist or radiation oncologist):

Those who had definitive chemo radiotherapy (e.g. anal cancer) or long course chemo radiotherapy (e.g. rectal cancer/esophageal cancer) in which radiation is primary modality should be followed by RO. For those who also had chemotherapy, following concurrent chemo radiotherapy, or only had chemotherapy should be followed by MO.