

COLON CANCER FOLLOW UP GUIDELINES

CAGPO

Dr. Raziya Mia

October 1, 2016

DISCLOSURES

- NONE

MITIGATING POTENTIAL BIAS

- Recommendations are consistent with published guidelines
 - American Society of Clinical Oncology (ASCO),
 - National Comprehensive Cancer Network (NCCN)
 - Cancer Care Ontario (CCO) Program in Evidenced Based Care (PEBC)
 - British Columbia Cancer Agency (BCCA)
- Recommendations are consistent with current practice patterns

RECURRENCE RISK

- Recurrence risk – greatest in first 2-2.5 years
- First 3 years – 80%
- First 5 years – 95%
- Surveillance guided by risk and functional status

RECURRENCE SITE

Site of Recurrence	Percent of Patients with Recurrence at 5 Years	
	Colon	Rectum
Liver	35	30
Lung	20	30
Peritoneal	20	20
Retroperitoneal	15	5
Peripheral Lymph Nodes	2	7
Other (Brain, Bones)	<5	<5
Loco-regional	15	35
Second or metachronous CRC Cancer	3	3

1 Galandiuk S, Wieand HS, Moertel CG, Cha SS, Fitzgibbons RJ Jr, Pemberton JH, et al. Patterns of recurrence after curative resection of carcinoma of the colon and rectum. Surg Gynecol Obstet. 1992;174:27-32.

From Cancer Care Ontario Program in Evidence-Based Care (PEBC), Follow-up Care, Surveillance Protocol, and Secondary Prevention Measures for Survivors of Colorectal Cancer, March 15, 2016

SYMPTOMATIC

Investigate!

- Nausea
- Abdominal/Pelvic pain
- Altered bowel function, bloating, flatulence
- Melena, Rectal Bleeding
- Sciatica
- Abnormal voiding
- Fatigue
- Unexplained weight loss

STAGE 0(Tis)

STAGE 1(T1-2,N0M0)

- Completion colonoscopy
- Repeat Colonoscopy
 - 1year
 - 3years
 - Then q5years
- No routine imaging or CEA testing

ASYMPTOMATIC

Stage II (T3/T4, N0, M0)

Stage III (Any T, N1-2, M0)

* No genetic syndromes

ASYMPTOMATIC

Stage IV (Any T, Any N, M1) with NED

- No standard guidelines
- As determined by treating oncologist
- Follow stage II/III recommendations
- More frequent evaluations

RECOMMENDATION #1

HISTORY AND PHYSICAL EXAMINATION

ASCO

- Q3-6 months X 5 years

NCCN

- Q3-6 months X 2 years
- Q6 months X 3 years

CCO PEBC

- Q6 months X 5 years

BCCA

- Q3-6 months X 3 years
- Q6 months X 2 years

RECOMMENDATION #2

CEA AT EACH FOLLOW UP VISIT

ASCO

- Q3-6 months X 5 years

NCCN

- Q3-6 months X 2 years
- Q6 months X 3 years

CCO PEBC

- Q6 months X 5 years

BCCA

- Q3-6 months X 3 years
- Q6 months X 2 years

ELEVATED CEA

- <15NG/ML false positive possible
 - Repeat within 28 days
- If true positive evaluate further:
 - History and Physical Exam
 - Colonoscopy
 - CT Chest/Abdomen/Pelvis
 - Consider PET/CT

INVESTIGATIONS NEGATIVE

- Repeat CT scans q3 months
 - Until disease identified
 - Until CEA stabilizes or declines

RECOMMENDATION #3

IMAGING

ASCO

- CT Chest/Abdomen (Pelvis) annually x 3years
No PET Scans for surveillance

NCCN

- CT Chest/Abdomen/Pelvis annually x 5years

CCO

- CT Chest/Abdomen annually x 3years
- Add Pelvis for rectal primary

BCCA

- CT (Chest) Abdomen/Pelvis annually x 5years

IMAGING FOLLOW UP STAGE IV NED

NCCN

- CT Chest/Abdomen/Pelvis
 - Q3-6 months X 2 years
 - Q 6-12 Months X 3 years

RECOMMENDATION #4

COLONOSCOPY

Completion
colonoscopy after
adjuvant therapy

ASCO/CCO

- 1 year after initial surgery
- then q5 years

NCCN/BCCA

- 1 year after initial surgery
- repeat in 3years
- then q5 years

RECOMMENDATION #5

POSITIVE LIFESTYLE CHANGES

- No high quality evidence on secondary prevention
- Insufficient data to recommend ASA
- Healthy lifestyle changes encouraged
 - Ideal body weight
 - Activity
 - Healthy diet
 - Smoking cessation

RECOMMENDATION #6

EFFECTIVE TRANSFER OF CARE

- Detailed treatment plan
 - Identify specific responsibilities
- Clear direction on surveillance
- Overall summary of treatments received
- Expected time to resolution of acute toxicities
- Possible long term effects and late sequelae

REFERENCES

- Program in Evidence-based Care (PEBC), Cancer Care Ontario (CCO), Follow-up Care, Surveillance Protocol, and Secondary Prevention Measures for Survivors of Colorectal Cancer, Members of the colorectal Cancer Survivorship Group, March 15, 2016.
- Follow-Up care, Surveillance Protocol, and Secondary Prevention Measures for Survivors of Colorectal Cancer: American Society of Clinical Oncology (ASCO) Clinical Practice Guideline Endorsement, Members of The ASCO Panel, Journal of Clinical Oncology, Volume 31, Number 35, December 10, 2013.
- National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2015 Colon Cancer; 10/03/14 NCCN Inc. 2014.
- Follow Up and Surveillance of Colon Cancer Patients Treated with Curative Intent, BC Cancer Agency Website, Revised February 2014