



ONTARIO COLORECTAL CANCER FOLLOW-UP CARE CLINICAL GUIDANCE SUMMARY

What is follow-up care?

Follow-up care after the completion of cancer treatment is important to help maintain good health, which consists of activities and processes related to the following major areas: prevention of recurrent and new cancers; surveillance for cancer spread, recurrence, or second cancers; management of the consequences of cancer treatment (e.g., side effects, late effects); and, coordination of care. Surveillance includes monitoring for cancer recurrence or second cancers, and assessing the physical and psychosocial consequences of cancer and its treatment on the survivor. Surveillance should be coordinated and conducted in accordance with evidence-based clinical guidelines.

Purpose:

The purpose of this guideline summary document is to serve as an informational tool for health professionals who are engaged in the follow-up care of colorectal cancer patients who have completed curative-intent treatment and are clinically disease-free. This information is based on a summary of current evidence-based recommendations from provincial and international clinical practice guidelines, existing published literature, and the consensus of provincial cancer experts where evidence is insufficient. These recommendations are not exhaustive nor intended to replace the independent clinical judgement of the treating professional, and should be considered in accordance with available resources and/or individual patient’s needs.

Intended patient population:

Adult patients who have completed primary treatment for stage II or III colorectal cancer cancers and who are without evidence of disease.¹ While there is insufficient evidence to support the inclusion of stage I patients, whether these recommendations can be extrapolated to and can benefit stage I patients is left to the discretion of the healthcare provider.

Colorectal Cancer Follow-up Care Surveillance		
Recommended Tests ¹	Year 1-3	Year 3-5
<p>Medical follow-up care appointment:</p> <p>a) Medical history and physical examination where indicated</p> <p>b) Any new and persistent or worsening signs/symptoms to watch for, especially:</p> <ul style="list-style-type: none"> • Abdominal pain • Rectal bleeding • Changes in bowel habit • Vague constitutional symptoms such as: <ul style="list-style-type: none"> • Fatigue • Nausea • Unexplained weight loss <p>Additional new and persistent or worsening signs/symptoms to watch for, specific to rectal cancer:</p> <ul style="list-style-type: none"> • Pelvic pain • Sciatica • Difficulty with urination or defecation <p>Note: For patients that present with symptoms that could suggest recurrence, investigations should be performed and a referral back to the appropriate specialist should be considered.</p> <p>a) Health promotion and disease prevention counselling, including (but not limited to):</p> <ul style="list-style-type: none"> • Diet, exercise, smoking status, alcohol, sun safety, mental health, sexual health, and other informational needs 	Every 6 months	Every 6 months
<p>Carcinoembryonic antigen (CEA) blood test:</p> <ul style="list-style-type: none"> • Assess for rising levels; however, primary care providers should be aware there still may be a recurrence in patients with normal CEA levels 	Every 6 months	Every 6 months
<p>Diagnostic imaging:</p> <ul style="list-style-type: none"> • Abdominal / Pelvic / Chest Computed Tomography (CT) <p>Note: Alternatively, if local resources and/or patient preference preclude the use of CT, an ultrasound (US) can be substituted for the CT of the abdomen and pelvis, and a chest x-ray can be substituted for the chest CT. Every six to 12 months for three years and then yearly for years four and five is considered a reasonable schedule for these tests.</p>	Every 12 months	Not routine

Colorectal Cancer Follow-up Care Surveillance

Recommended Tests (continued)

Colonoscopy:

- **At 1 year following initial surgery OR within 6 months of completing surgery** if a complete colonoscopy was not performed pre-operatively
- Frequency of subsequent surveillance colonoscopies should be dictated by the findings of the previous one, but generally should be performed **every 5 years**, if the findings of the previous one are normal

Note: If a complete colonoscopy was not performed in the course of diagnosis and staging (e.g., due to obstruction) the included guidelines consistently state that one should be done **within six months of completing primary therapy**

Sigmoidoscopy:

- For **rectal** cancer patients who are considered at high risk of local recurrence by the treating physician, sigmoidoscopy may be considered at **intervals less than 5 years**

Special Considerations³

Survivors of Childhood, Adolescent, and Young Adult Cancers:

- Adults who have a history of pediatric, adolescent, and young adult cancers (i.e., diagnosis and treatment prior to age 30) are at increased risk for additional late effects and should also be followed according to the Long-Term Follow-Up Guidelines published by the Children's Oncology Group

Tests NOT Recommended for Routine Surveillance¹

- A complete blood count (CBC) and other routine blood work, aside from CEA, are **NOT** recommended
- A Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT) is **NOT** recommended

Common Long-term and Late Effects^{1,2}

Physical:¹

- Surgery-related: frequent and/or urgent bowel movements or loose bowels (often improves over first few years), gas and/or bloating, incisional hernia, increased risk of bowel obstruction
- Medication-related: peripheral neuropathy (associated with treatment using oxaliplatin), chemotherapy-related cognitive side effects (including difficulty with short-term memory and the ability to concentrate)
- Radiation-related: localized skin changes (i.e., colour, texture, and loss of hair), rectal ulceration and/or bleeding (radiation colitis), anal dysfunction (incontinence), bowel obstruction (from unintended small bowel scarring), infertility, sexuality dysfunction (e.g., vaginal dryness, erectile dysfunction, retrograde ejaculation), second primary cancers in the radiation field (typically about seven years after radiotherapy), bone fracture (e.g., sacral region)
- Other: for patients who received ostomy, stoma care and life-style adjustments will be required

For additional information and resources on symptom and side-effect management, please refer to Cancer Care Ontario's Symptom Management Guides available at: cancercareontario.ca/en/symptom-management

For additional information and resources on ostomy care and management, please refer to applicable sources such as Ostomy Canada Society available at: ostomycanada.ca/information/ostomy-care-2/

Psychosocial:²

- Psychological distress (e.g., depression, anxiety, worry, fear of recurrence)
- Cognitive side-effects
- Changes in sexual function/fertility
- Challenges with body and/or self-image, relationships, and other social role difficulties
- Return to work concerns and financial challenges

For additional information and resources on psychosocial oncology care management, please refer to Cancer Care Ontario's Psychosocial Oncology Guides available at: cancercareontario.ca/en/guidelines-advice/modality/psychosocial-oncology-care

References

1. Members of the Colorectal Cancer Survivorship Group. Follow-up care, surveillance protocol, and secondary prevention measures for survivors of colorectal cancer. Toronto (ON): Cancer Care Ontario; 2012 Feb 3. Program in Evidence-based Care Evidence-Based Series No.: 26-2 Version 2. cancercareontario.ca/en/guidelines-advice/types-of-cancer/256
2. El-Shami K, Oeffinger KC, Erb NL, Willis A, Bretsch JK, Pratt-Chapman ML et al, American Cancer Society Colorectal Cancer Survivorship Care Guidelines. CA Cancer J Clin 2015;65:427–455.VC 2015 American Cancer Society. onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21286
3. Children's Oncology Group. Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. Version 5.0; October 2018. survivorshipguidelines.org/pdf/2018/COG_LTFU_Guidelines_v5.pdf