

Surveillance & Survivorship After Colorectal CA (1 / 2)

Surveillance after surgery for non-metastatic colorectal cancer should be **tailored to the relative risk**

of recurrence **2C**



Surveillance recommended for:

stage II/III (**1A**) and stage IV (**1C**) patients who had surgery with curative intent. Stage I surveillance is selective (**2C**).



After treatment, **scheduled office visits + CEA** testing should be included **1A**



Radiology surveillance includes CT chest/abd/pelvis at least twice, but up to every 6-12 months for 5 years. **1A**



Colonoscopy at 1 year post treatment. If incomplete prep, do within 6 months of resection or adjuvant Tx **1B**

After rectal cancer, **Proctosigmoidoscopy** (\pm ERUS if local excision) every 3-6 months for 2-5 years. **2B**





Clinical Practice Guidelines:



Surveillance & Survivorship After Colorectal CA (2/2)

Survivorship care plan
is recommended
and should include:

Treatment summary, F/U plan,
common late and long-term
side effects for treatment
received. **1B**



After treatment, pts should be
Assessed and offered treatment for: **1B**

Adverse lifestyle behaviors,
Cognitive dysfunction,
Fear of recurrence causing distress



Exercise & Physical
Activity recommended

Functional impairment (e.g.
sensory neuropathy, and bowel,
urinary, or sexual dysfunction)



Hardiman K et al. *Dis Colon Rectum* 2021;64

