

Clinical Practice Guidelines:

Surveillance & Survivorship After Colorectal CA (1/2)

Surveillance after surgery for nonmetastatic colorectal cancer should be tailored to the relative risk



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



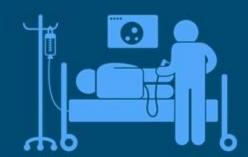
Radiology surveillance includes CT chest/abd/pelvis at least twice, but up to every 6-12 months for 5 years. 1A



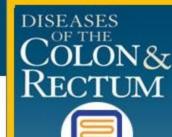
Colonoscopy at 1 year post treatment. If incomplete preop, do within 6 months of resection or adjuvant Tx 1B

After rectal cancer,

Proctosigmoidoscopy (<u>+</u> ERUS if local excision) every 3-6 months for 2-5 years. 2B









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Clinical Practice Guidelines:

Surveillance & Survivorship After Colorectal CA (2/2)

Survivorship care plan

is recommended and should include:

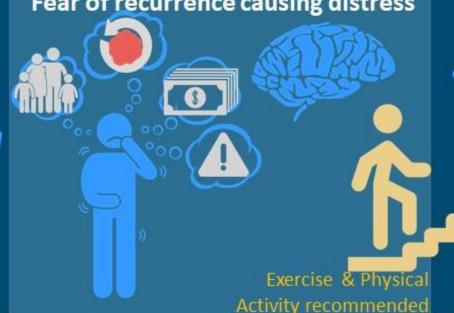
Treatment summary, F/U plan, common late and long-term side effects for treatment received. 1B



After treatment, pts should be

Assessed and offered treatment for: 1B

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



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





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