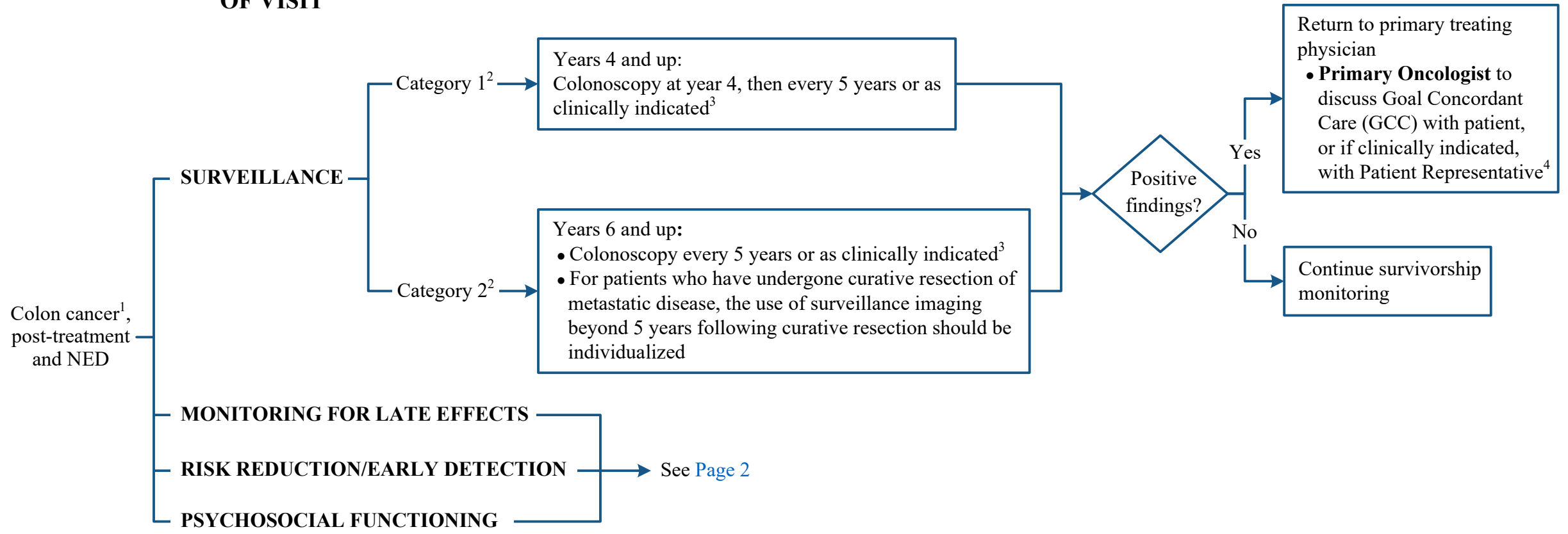


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

¹ Includes appendiceal cancer

² **Category 1:** Stage I, NED at 3 years

Category 2: Stage II, IIIA-C and IV, NED at 5 years

³ The recommended screening intervals for individuals with adenomatous polyps on most recent colonoscopy, genetic predisposition to colon cancer, or a history of inflammatory bowel disease can be found in the [Colorectal Cancer Screening algorithm](#)

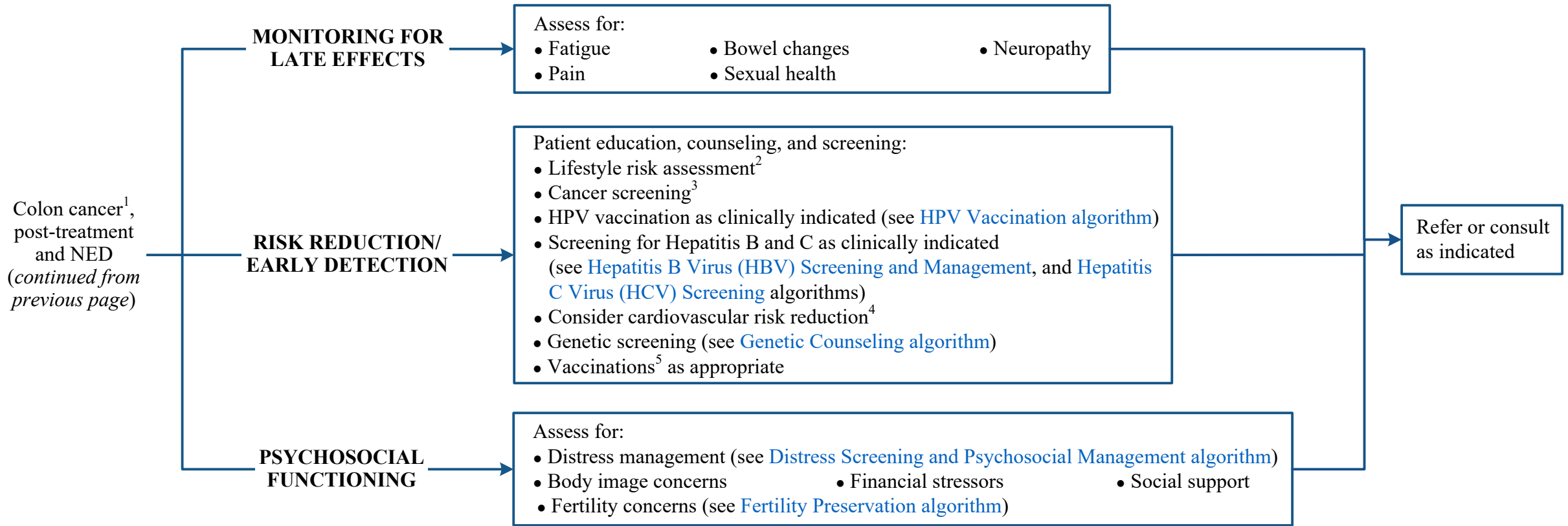
⁴ GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



¹ Includes appendiceal cancer

² See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks and counseling about maintaining a healthy body weight, avoiding obesity, and alcohol use assessment and counseling should be a part of routine clinical practice

³ Includes [breast](#), [cervical](#) (if appropriate), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

⁴ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

⁵ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

SUGGESTED READINGS

- Ahmed, S. U., & Eng, C. (2015). Colorectal Cancer Survivorship Management. In L. E. Foxhall & M. A. Rodriguez (Eds.), *Advances in cancer survivorship management* (pp. 71-93). New York, NY: Springer. https://doi.org/10.1007/978-1-4939-0986-5_6
- Anderson, A. S., Steele, R., & Coyle, J. (2013). Lifestyle issues for colorectal cancer survivors - perceived needs, beliefs and opportunities. *Supportive Care in Cancer*, 21, 35-42. <https://doi.org/10.1007/s00520-012-1487-7>
- Bailey, C. E., Tran Cao, H. S., Hu, C. Y., Chang, G. J., Feig, B. W., Rodriguez-Bigas, M. A., . . . You, Y. N. (2015). Functional deficits and symptoms of long-term survivors of colorectal cancer treated by multimodality therapy differ by age at diagnosis. *Journal of Gastrointestinal Surgery*, 19, 180-188. <https://doi.org/10.1007/s11605-014-2645-7>
- Centers for Disease Control and Prevention. (2023). *Recommended adult immunization schedule for ages 19 years or older, United States, 2023*. Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Chambers, S. K., Meng, X., Youl, P., Aitken, J., Dunn, J., & Baade, P. (2012). A five-year prospective study of quality of life after colorectal cancer. *Quality of Life Research*, 21, 1551-1564. <https://doi.org/10.1007/s11136-011-0067-5>
- Chang, G. J., Hu, C. Y., Eng, C., Skibber, J. M., & Rodriguez-Bigas, M. A. (2009). Practical application of a calculator for conditional survival in colon cancer. *Journal of Clinical Oncology*, 27(35), 5938-5943. <https://doi.org/10.1200/JCO.2009.23.1860>
- Chang, G. J. & Ninan, T. (2018). Colorectal cancer survivorship care. In M. A. Rodriguez, & L. E. Foxhall (Eds.), *Handbook of cancer survivorship care* (pp.125-138). New York: Springer Publishing Company.
- Denlinger, C. S. & Barsevick, A. M. (2009). The challenges of colorectal cancer survivorship. *Journal of the National Comprehensive Cancer Network*, 7(8), 883-894. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110673/>
- Earle, C. C., & Ganz, P. A. (2012). Cancer survivorship care: Don't let the perfect be the enemy of the good. *Journal of Clinical Oncology*, 30(30), 3764-3768. <https://doi.org/10.1200/JCO.2012.41.7667>
- El-Shami, K., Oeffinger, K. C., Erb, N. L., Willis, A., Bretsch, J. K., Pratt-Chapman, M. L., . . . Cowens-Alvarado, R. L. (2015). American Cancer Society colorectal cancer survivorship care guidelines. *CA: A Cancer Journal for Clinicians*, 65(6), 427-455. <https://doi.org/10.3322/caac.21286>
- Faul, L. A., Shibata, D., Townsend, I., & Jacobsen, P. B. (2010). Improving survivorship care for patients with colorectal cancer. *Cancer Control*, 17(1), 35-43. <https://doi.org/10.1177/107327481001700105>
- Gray, N. M., Hall, S. J., Browne, S., Macleod, U., Mitchell, E., Lee, A. J., . . . Campbell, N. C. (2011). Modifiable and fixed factors predicting quality of life in people with colorectal cancer. *British Journal of Cancer*, 104, 1697-1703. <https://doi.org/10.1038/bjc.2011.155>

Continued on next page

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

SUGGESTED READINGS - continued

Ligibel, J. (2012). Lifestyle factors in cancer survivorship. *Journal of Clinical Oncology*, 30(30), 3697-3704. <https://doi.org/10.1200/JCO.2012.42.0638>

MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
Advance Care Planning (ACP) Conversation Workflow (ATT1925)

Meyerhardt, J. A., Giovannucci, E. L., Ogino, S., Kirkner, G. J., Chan, A. T., Willett, W., & Fuchs, C. S. (2009). Physical activity and male colorectal cancer survival. *Archives of Internal Medicine*, 169(22), 2102-2108. <https://doi.org/10.1001/archinternmed.2009.412>

Meyerhardt, J. A., Mangu, P. B., Flynn, P. J., Korde, L., Loprinzi, C. L., Minsky, B. D., . . . Benson III, A. B. (2013). Follow-up care, surveillance protocol, and secondary prevention measures for survivors of colorectal cancer: American Society of Clinical Oncology clinical practice guideline endorsement. *Journal of Clinical Oncology*, 31(35), 4465-4470. <https://doi.org/10.1200/JCO.2013.50.7442>

National Comprehensive Cancer Network. (2023). *Colon Cancer* (NCCN Guidelines Version 1.2023). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf

Richards, C. H., Leitch, E. F., Horgan, P. G., Anderson, J. H., McKee, R. F., & McMillan, D. C. (2010). The relationship between patient physiology, the systemic inflammatory response and survival in patients undergoing curative resection of colorectal cancer. *British Journal of Cancer*, 103, 1356-1361. <https://doi.org/10.1038/sj.bjc.6605919>

Schlesinger, S., Walter, J., Hampe, J., von Schönfels, W., Hinz, S., Kuchler, T., . . . Nöthlings, U. (2014). Lifestyle factors and health-related quality of life in colorectal cancer survivors. *Cancer Causes & Control*, 25, 99-110. <https://doi.org/10.1007/s10552-013-0313-y>

Simard, J., Kamath, S., & Kircher, S. (2019). Survivorship guidance for patients with colorectal cancer. *Current Treatment Options in Oncology*, 20(5), 38. <https://doi.org/10.1007/s11864-019-0635-4>

Snyder, R. A., Hu, C. Y., Cuddy, A., Francescatti, A. B., Schumacher, J. R., Van Loon, K., . . . Chang, G. J. (2018). Association between intensity of posttreatment surveillance testing and detection of recurrence in patients with colorectal cancer. *JAMA*, 319(20), 2104-2115. <https://doi.org/10.1001/jama.2018.5816>

Steele, S. R., Chang, G. J., Hendren, S., Weiser, M., Irani, J., Buie, W. D., & Rafferty, J. F. (2015). Practice guideline for the surveillance of patients after curative treatment of colon and rectal cancer. *Diseases of the Colon & Rectum*, 58(8), 713-725. <https://doi.org/10.1097/DCR.0000000000000410>

Thong, M. S. Y., Wolschon, E. M., Koch-Gallenkamp, L., Waldmann, A., Waldeyer-Sauerland, M., Pritzkeleit, R., . . . Arndt, V. (2018). “Still a cancer patient” – associations of cancer identity with patient-reported outcomes and health care use among cancer survivors. *JNCI Cancer Spectrum*, 2(2). <https://doi.org/10.1093/jncics/pky031>

Vanderbilt Cardio-Oncology Program. (2017). *Know Your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

Wille-Jorgensen, P., Syk, I., Smedh, K., Laurberg, S., Nielsen, D. T., Peterson, S. H., . . . Sorensen, H. T. (2018). Effect of more vs less frequent follow-up testing on overall and colorectal cancer-specific mortality in patients with stage II or III colorectal cancer: The COLOFOL randomized clinical trial. *JAMA*, 319(20), 2095-2103. <https://doi.org/10.1001/jama.2018.5623>

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Colorectal Survivorship workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Core Development Team Leads

Therese Bevers, MD (Cancer Prevention)
Tsuyoshi Konishi, MD, PhD (Colon & Rectal Surgery)

Workgroup Members

George Chang, MD, MS (Colon & Rectal Surgery)
Joyce Dains, DrPH, APRN, FNP-BC (Nursing)
Wendy Garcia, BS♦
Katherine Gilmore, BA, MPH (Cancer Survivorship)
Scott Kopetz, MD, PhD (GI Medical Oncology)
Ana Nelson, DNP, MSN, FNP-BC (Cancer Prevention)
Hannah Warr, MSN, RN, CPHON♦

♦ Clinical Effectiveness Development Team