Survivorship – Colon Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

ELIGIBILITY

Colon cancer¹, post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

Category 1²

Years 3 and up:
- History and physical exam annually
- CEA annually if previously elevated
- CT chest at year 3
- CT or MRI abdomen and pelvis at year 3
- Colonoscopy at year 4, then every 5 years or as clinically indicated³

Category 2²

Years 6 and up:
- History and physical exam annually
- CEA annually if previously elevated
- Colonoscopy every 5 years or as clinically indicated³

SURVEILLANCE

Yes

Return to primary treating physician

No

Continue survivorship monitoring

RSK REDUCTION/EARLY DETECTION

MONITORING FOR LATE EFFECTS

See Page 2

PSYCHOSOCIAL FUNCTIONING

NED = no evidence of disease

¹Includes appendiceal cancer

²Category 1: Stage I, no evidence of disease at 3 years. Category 2: Stage II, IIIA-C and IV, no evidence of disease at 5 years

³The 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

Department of Clinical Effectiveness V4

Approved by The Executive Committee of the Medical Staff on 11/28/2017
Survivorship – Colon Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

ELIGIBILITY
Colon cancer\(^1\), post-treatment and NED (continued from previous page)

CONCURRENT COMPONENTS OF VISIT

Consider the following:
- Gynecologic screening (See Cervical Cancer Screening Algorithm)
- Breast screening (See Breast Screening Algorithm)
- Prostate screening (See Prostate Screening Algorithm)
- Diet/weight management counseling (See Adult Nutrition Algorithm)
- Exercise/activity (See Physical Activity Algorithm)
- Tobacco cessation counseling (See Tobacco Cessation Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)
- Vaccinations including HPV (See HPV Vaccination Algorithm)
- Genetic screening (See Genetic Counseling Algorithm)

MONITORING FOR LATE EFFECTS

Assess for:
- Fatigue
- Bowel changes
- Neuropathy

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress (See Distress Screening and Psychosocial Management Algorithm)
- Body image
- Financial stressors
- Social support

DISPOSITION
Refer or consult as indicated

NED = no evidence of disease
\(^1\)Includes appendiceal cancer

\(1\) Includes appendiceal cancer

Department of Clinical Effectiveness V4
Approved by The Executive Committee of the Medical Staff on 11/28/2017
SUGGESTED READINGS


*Continued on next page*
SUGGESTED READINGS - continued


DEVELOPMENT CREDITS

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

Therese B. Bevers, MD (Clinical Cancer Prevention)
George J. Chang, MD, MS (Surgical Oncology)
Elise Cook, MD (Clinical Cancer Prevention)
Robin Coyne, APRN, FNP-BC (CPC Provider Income & Activity)
Joyce Dains, DrPH, APRN, FNP-BC (Department of Nursing)
Suzanne Day, APRN, FNP-BC (CPC Provider Income & Activity)
Cathy Eng, MD (GI Medical Oncology)
Shonice Holdman, MBA*
Tiffiny Jackson, APRN, FNP-BC (CPC Provider Income & Activity)
Marita Lazzaro, APRN, ANP-BC (CPC Provider Income & Activity)
Ana Nelson, APRN, FNP-BC (CPC Provider Income & Activity)
Lonsetta Newman, MD (Clinical Cancer Prevention)
Tilu Ninan, APRN, ANP-BC (CPC Provider Income & Activity)
Aki Ohinata, PA-C (GI Medical Oncology)
Amy Pai, PharmD*

* Clinical Effectiveness Development Team