**Survivorship – Colon Cancer**

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**ELIGIBILITY**

- Colon cancer\(^1\), post-treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

Category 1\(^2\)

- 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 indicated\(^3\)

Category 2\(^2\)

- Years 6 and up:
  - History and physical exam annually
  - CEA annually if previously elevated
  - Colonoscopy every 5 years or as clinically indicated\(^3\)

**SURVEILLANCE**

- Return to primary treating physician

**MONITORING FOR LATE EFFECTS**

**RISK REDUCTION/EARLY DETECTION**

See Page 2

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

Positive findings?

- Yes
- No

\(^1\)Includes appendiceal cancer

\(^2\)Category 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

\(^3\)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

NED = no evidence of disease

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Department of Clinical Effectiveness V4
Colon cancer\(^1\), post-treatment and NED (continued from previous page)

**RISK REDUCTION/EARLY DETECTION**

- Monitor for late effects
  - Assess for:
    - Fatigue
    - Bowel changes
    - Neuropathy

- Risk reduction/early detection
  - Patient education, counseling, and screening:
    - Lifestyle risk assessment\(^2\)
    - Cancer screening\(^3\)
    - HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
    - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
    - Consider cardiovascular risk reduction\(^4\)
    - Genetic screening (see Genetic Counseling Algorithm)
    - Vaccinations\(^5\) as appropriate

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

**CONCURRENT COMPONENTS OF VISIT**

- Eligibility

**DISPOSITION**

- Refer or consult as indicated

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\(^1\) Includes appendiceal cancer

\(^2\) See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks 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

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SUGGESTED READINGS


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DEVELOPMENT CREDITS

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