Survivorship – Colon Cancer

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

Years 4 and up:
- History and physical exam annually
- CEA annually\(^3\) if previously elevated
- Colonoscopy at year 4, then every 5 years or as clinically indicated\(^4\)

Years 6 and up:
- History and physical exam annually
- CEA annually\(^3\) if previously elevated
- Colonoscopy every 5 years or as clinically indicated\(^4\)
- For patients who have undergone curative resection of metastatic disease, the use of surveillance imaging beyond 5 years following curative resection should be individualized

\(^1\) NED = no evidence of disease
\(^2\) Includes appendiceal cancer
\(^3\) Consider checking CEA for a total of 10 years only
\(^4\) 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

\(^1\) Includes appendiceal cancer

\(^2\) Category 1: Stage I, NED at 3 years

\(^3\) Consider checking CEA for a total of 10 years only

\(^4\) 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

Category 1\(^2\)

Category 2\(^2\)

NED = no evidence of disease

\(^1\) Includes appendiceal cancer

\(^2\) Category 1: Stage I, NED at 3 years

\(^3\) Consider checking CEA for a total of 10 years only

\(^4\) 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

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Approved by The Executive Committee of the Medical Staff on 11/19/2019
Colon cancer, post-treatment and NED (continued from previous page)

**Patient education, counseling, and screening:**
- Lifestyle risk assessment
- Cancer screening
- 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
- Genetic screening (see Genetic Counseling algorithm)
- Vaccinations as appropriate

**Assess for:**
- Fatigue
- Bowel changes
- Sexual health
- Pain
- Neuropathy
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

**Assess for:**
- Distress
- Bowel changes
- Sexual health
- Pain
- Neuropathy

**Assess for:**
- Fatigue
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**Assess for:**
- Distress
- Body image
- Financial stressors
- Social support

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**NED = no evidence of disease**

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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SUGGESTED READINGS - continued


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:

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