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.

1NED = No Evidence of Disease

Category 1: Stage I, no evidence of disease at 3 years

Category 2: Stage II and IIIA-B, no evidence of disease at 5 years

Category 3: Stage IIIC and IV, no evidence of disease at 5 years

1Colonoscopic surveillance is recommended at one year following resection, then (if normal) after 3 more years, then (if normal) once every 5 years.

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

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

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Department of Clinical Effectiveness V3

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Patient education, counseling, and screening:
- Gynecologic screening (See Cervical Screening Algorithm)
- Breast screening (See Breast Screening Algorithm)
- Prostate screening
- Diet/weight management counseling

- Exercise/activity
- Tobacco cessation
- Sun exposure/skin cancer screening
- Genetic screening
- Vaccinations

Assess for:
- Fatigue
- Bowel changes
- Neuropathy

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

**ELIGIBILITY**
Colon Cancer Post-Treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

**RISK REDUCTION/EARLY DETECTION**

**MONITORING FOR LATE EFFECTS**

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

Refer or consult as indicated

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DEVELOPMENT CREDITS

This practice consensus 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:

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