Survivorship – Colon Cancer

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**

- Colon cancer¹, post-treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

- Category 1²
  - Years 4 and up:
    - History and physical exam annually
    - Colonoscopy at year 4, then every 5 years or as clinically indicated³

- Category 2²
  - Years 6 and up:
    - History and physical exam annually
    - Colonoscopy every 5 years or as clinically indicated³
    - For patients who have undergone curative resection of metastatic disease, the use of surveillance imaging beyond 5 years following curative resection should be individualized

**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

**RISK REDUCTION/EARLY DETECTION**

See Page 2

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

- Positive findings?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

**NED** = no evidence of disease

¹Includes appendiceal cancer
²**Category 1**: Stage I, NED at 3 years
²**Category 2**: Stage II, IIIA-C and IV, NED 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

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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  
- Pain  
- Bowel changes  
- Sexual health  
- Neuropathy  

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

**Referral 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


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:

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