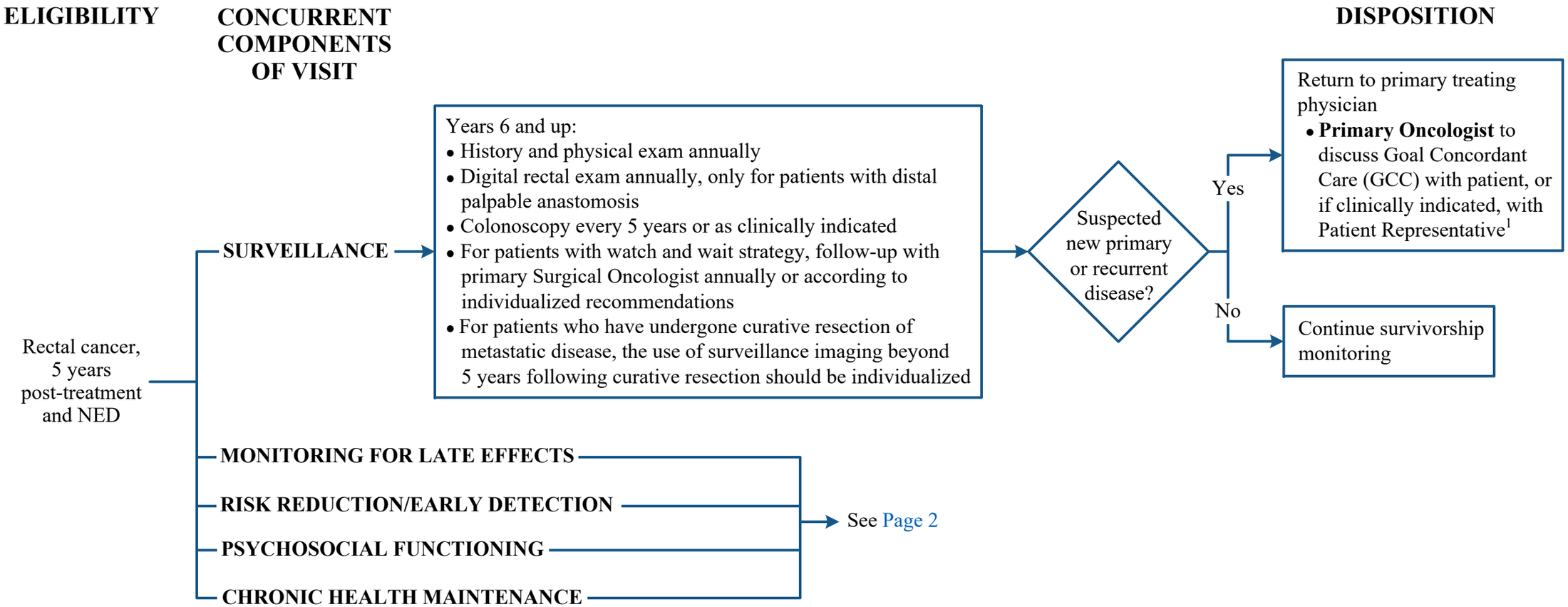
Survivorship – Rectal Cancer

Note: This algorithm is intended for use in patients with a history of rectal cancer. For those without a personal history of colorectal cancer, 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

Note: Clinical risk is based on preoperative staging (clinical stage) vs. pathologic staging, which is based on the post-operative tumor specimen (for patients that were unable to receive neoadjuvant therapy)

[1] GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only).

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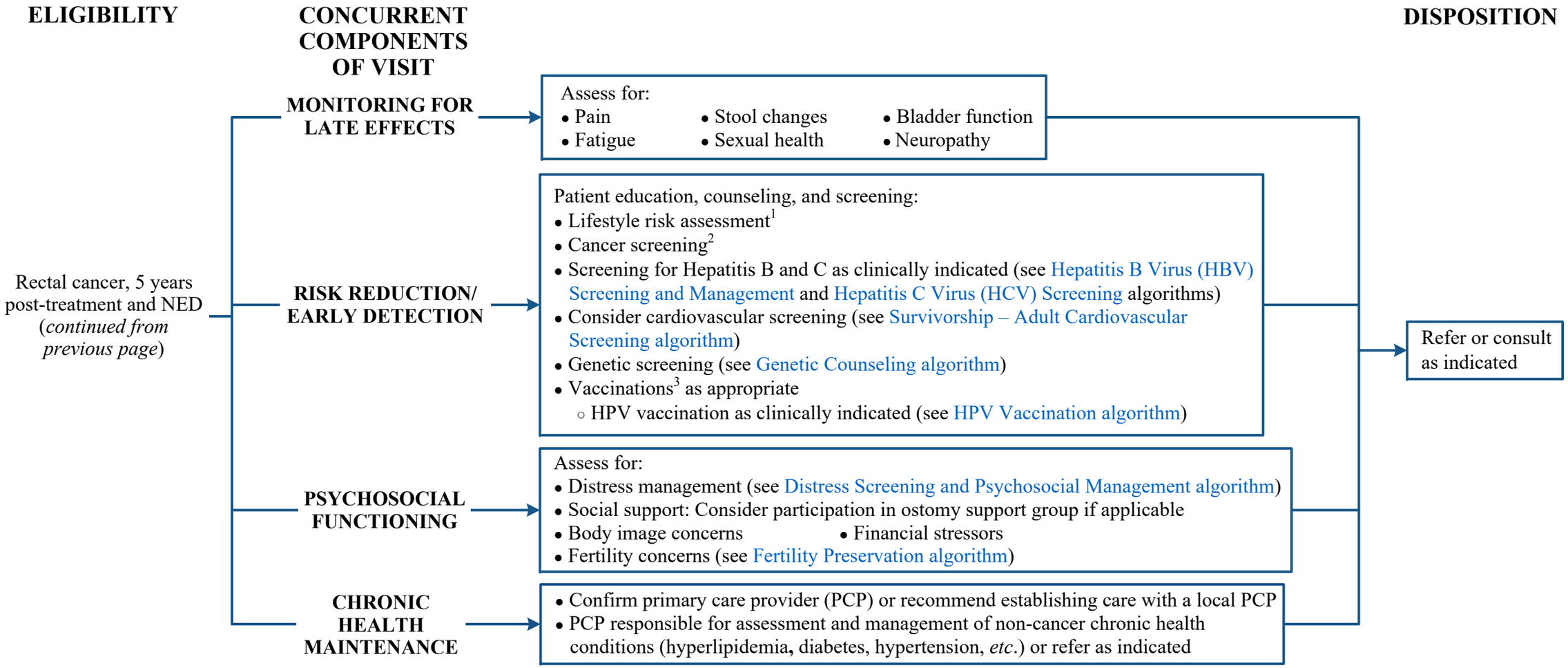
Survivorship – Rectal Cancer

Note: This algorithm is intended for use in patients with a history of rectal cancer. For those without a personal history of colon cancer, 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.



[1] See Physical Activity, Nutrition, Obesity Screening and Management and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks and counseling about maintaining a healthy body weight, avoiding obesity, and alcohol use assessment and counseling should be a part of routine clinical practice

[2] Includes breast, cervical, liver, lung, pancreatic, prostate, and skin cancer screening

[3] Based on American Society of Clinical Oncology (ASCO) guidelines

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DEVELOPMENT CREDITS

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

Core Development Team Leads

Therese Bevers, MD (Cancer Prevention)
Tsuyoshi Konishi, MD, PhD (Colon & Rectal Surgery)

Workgroup Members

George Chang, MD (Colon & Rectal Surgery)
Joyce Dains, DrPH, APRN, FNP-BC (Nursing)
Prajnan Das, MD (GI Radiation Oncology)
Wendy Garcia, BS♦
Katherine Gilmore, BA, MPH (Cancer Survivorship)
Scott Kopetz, MD, PhD (GI Medical Oncology)
Ana Nelson, DNP, MSN, FNP-BC (Cancer Prevention)
Johnny L. Rollins, MSN, APRN, ANP-C (Cancer Survivorship)
Hannah Warr, MSN, RN♦
Y. Nancy You, MD (Colon & Rectal Surgery)

♦Clinical Effectiveness Development Team