Survivorship – Rectal Cancer

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ELIGIBILITY

Concurrent Components of Visit

SURVEILLANCE

Category 1:
- History and physical exam annually
- Digital rectal exam, only for patients with distal palpable anastomosis annually through year 10
- CEA annually if previously elevated
- Colonoscopy every 5 years or as clinically indicated

Category 2:
- For patients who have undergone curative resection of metastatic disease, the use of surveillance imaging beyond 5 years following curative resection should be individualized

Monitoring for Late Effects

Risk Reduction/Early Detection

See Page 2

Psychosocial Functioning

ELIGIBILITY

Category 1: Localized, Stages I – III

Category 2: Metastatic, Stage IV

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)

DISPOSITION

Positive findings?

Yes
- Return to primary treating physician

No
- Continue survivorship monitoring

NED = no evidence of disease

1 Category 1: Localized, Stages I – III
2 Category 2: Metastatic, Stage IV

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 11/28/2017
**CONCURRENT COMPONENTS OF VISIT**

- Assess for:
  - Pain
  - Fatigue
  - Bowel problems
  - Sexual dysfunction assessment
  - Bladder function

**MONITORING FOR LATE EFFECTS**

- 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

**RISK REDUCTION/EARLY DETECTION**

- Rectal cancer, 5 years post-treatment and NED (continued from previous page)
- Includes breast, cervical (if appropriate), liver, lung, pancreatic, prostate, and skin cancer screening

**PSYCHOSOCIAL FUNCTIONING**

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

**DISPOSITION**

- Refer or consult as indicated

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**ELIGIBILITY**

Rectal cancer, 5 years post-treatment and NED

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1. See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
2. Includes breast, cervical (if appropriate), liver, lung, pancreatic, prostate, and skin cancer screening
3. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
4. Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


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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