

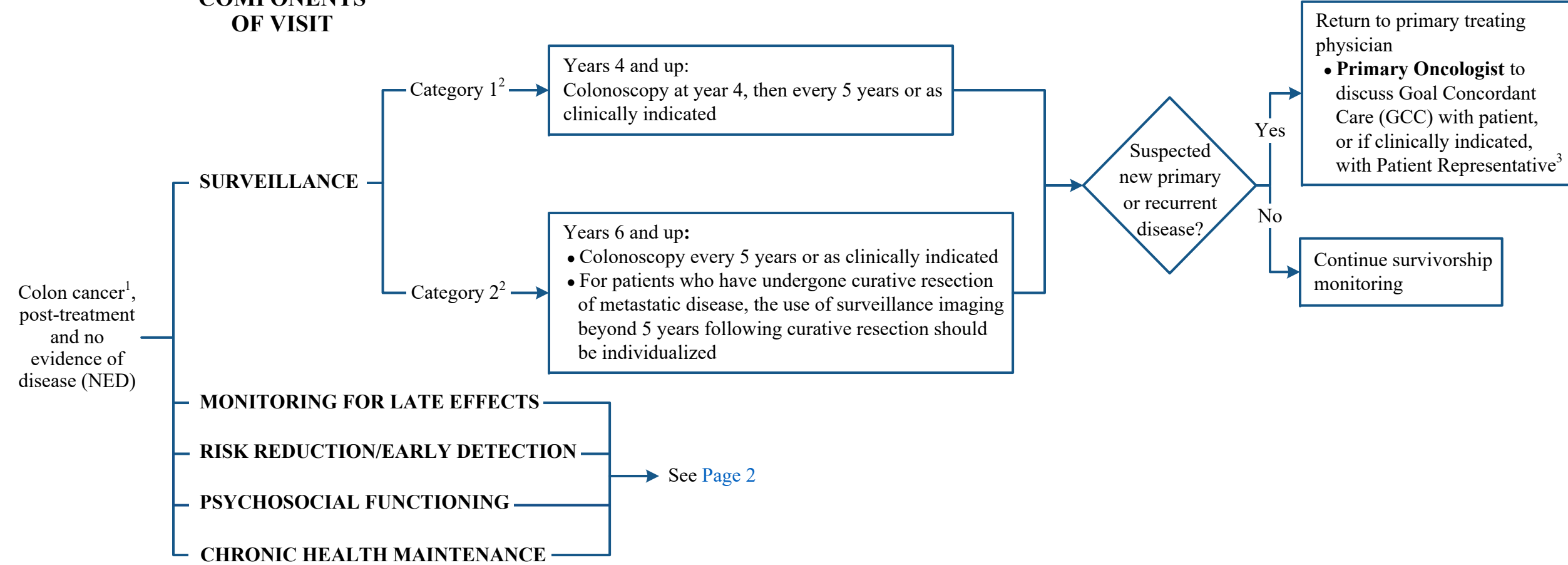
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.

Note: This algorithm is intended for use in patients with a history of colon 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](#).

ELIGIBILITY

CONCURRENT
COMPONENTS
OF VISIT

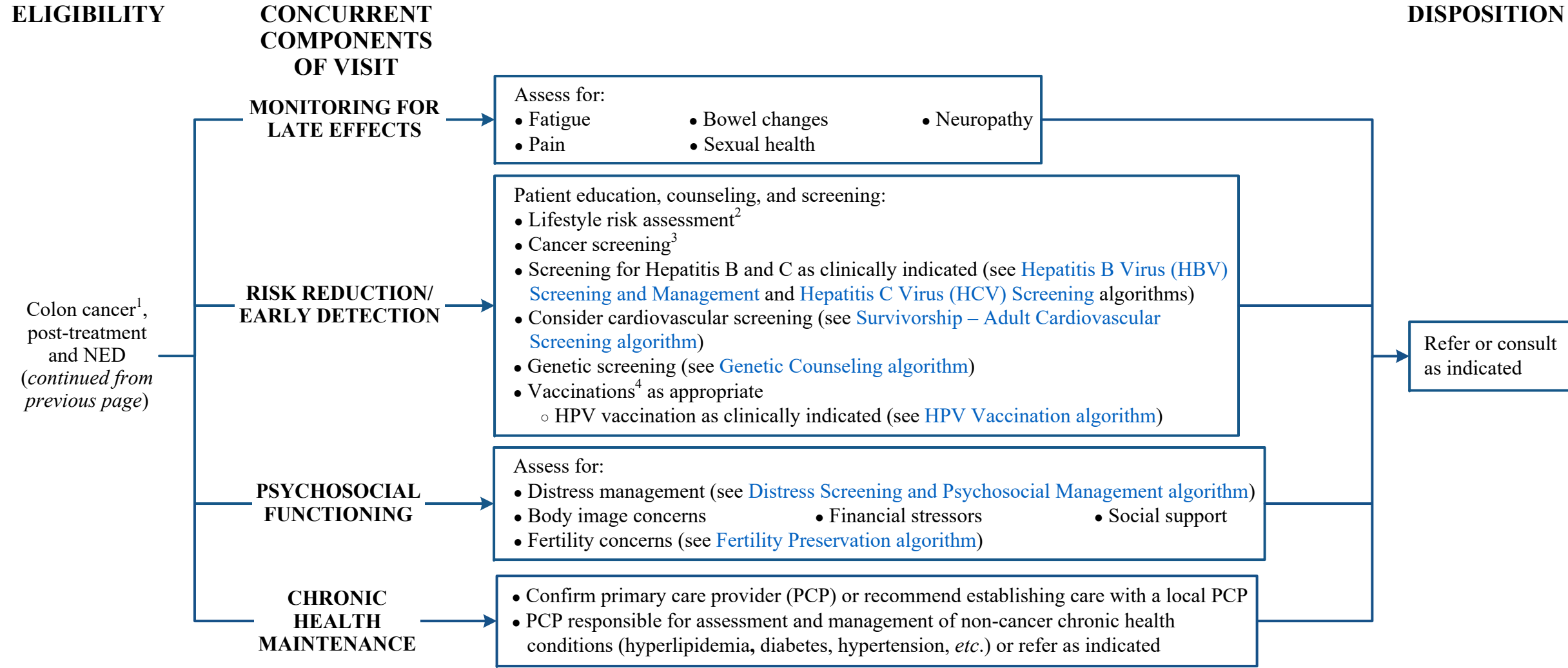
DISPOSITION



¹ Includes appendiceal cancer
² **Category 1:** Stage I, NED at 3 years
Category 2: Stage II, IIIA-C and IV, NED at 5 years
³ 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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¹ Includes appendiceal cancer

² 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

³ Includes [breast](#), [cervical](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

⁴ Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

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MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
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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:

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