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Follow-Up Care for Colorectal Cancer

Key Messages:

- The primary goal of follow-up care for colorectal cancer is early detection of cancer that has returned after treatment.
- Follow-up care for colorectal cancer includes regular physical examinations, carcinoembryonic antigen (CEA) tests, computed tomography (CT) scans, and colonoscopy or rectosigmoidoscopy.
- Talk with your doctor about your risk of having the cancer come back and an appropriate follow-up care plan for you.

The importance of follow-up care

After treatment for colorectal cancer, follow-up care is important to help maintain good health, which includes managing any side effects from treatment and watching for long-term side effects (called late effects) [1]. The most important reason for follow-up care, however, is to watch for signs of a cancer recurrence (cancer that comes back after treatment). Follow-up care is especially important in the first five years after treatment because this is when the risk of recurrence is highest.

A follow-up care plan may include regular physical examinations and other medical tests to monitor your recovery during the coming months and years. Many survivors feel worried or anxious that the cancer will come back after treatment. Different people have different risks of recurrence, so it is important to talk with your doctor about the possibility of the cancer returning.

Recommendations for follow-up care

The recommendations for follow-up care included in this section are mainly intended for people who had stage II or stage III colorectal cancer. It is less certain what testing should be done for people who had stage I colorectal cancer, because this stage is less likely to recur. If you have had surgery for metastatic (cancer that has spread) colorectal cancer, it is important to talk with your doctor about a follow-up care plan specifically for you, since there is currently no standardized follow-up care schedule for this stage of colorectal cancer. It is also important to remember that these follow-up care recommendations are for people who had colorectal cancer that was not inherited. Learn more about inherited colorectal cancer [2].

The recommended tests and schedule of testing are based on your risk of recurrence and your overall health. In general, you will visit your doctor and receive follow-up screening more often earlier in your recovery, because 80% of recurrences are found in the first two to three years after surgery, and 95% of recurrences are found within five years.

In addition to regular physical examinations every three to six months, the following tests are recommended to watch for a colorectal cancer recurrence:

CEA test [3]. This is a blood test that detects the levels of CEA protein. High levels of CEA may indicate that a cancer has spread to other parts of the body. CEA testing is recommended every three to six months for five years.

Computed tomography (CT) scan [4]. A CT scan creates a three-dimensional image of the inside of the body with an x-ray machine. CT scans of the abdomen and chest are recommended each year for three years. If you have a high risk of recurrence, your doctor may recommend CT scans every six to 12 months for the first three years. If you had rectal cancer, a pelvic CT scan may also be recommended, but how often you need this test depends on your risk of recurrence.

Colonoscopy [5]. This test allows the doctor to look for polyps or second cancers in the entire rectum and colon with a colonoscope (a flexible, lighted tube). You should expect to receive a colonoscopy one year after surgery. How often you need this test depends on the results of your previous test. For example, if polyps are found, you may need to have another colonoscopy sooner. However, in general, this test will be performed every five years.

Rectosigmoidoscopy [6]. In this test, a sigmoidoscope (a flexible, lighted tube) is inserted into a patient?s rectum to check for polyps, cancer, and other abnormalities. If you had rectal cancer, but did not have radiation therapy to the pelvis, this test is recommended every six months. Although, rectosigmoidoscopy may be recommended even if you had radiation therapy for rectal cancer, but it depends on your risk of recurrence.

General follow-up care schedule

First year after treatment

- Physical examination and CEA testing every three to six months
- Abdominal and chest CT scan each year (every six to 12 months for patients with a high risk of recurrence)
- For patients with rectal cancer, pelvic CT scan every six to 12 months
- Colonoscopy one year after surgery
- Rectosigmoidoscopy every six months for patients with rectal cancer who did not have radiation therapy to the pelvis.

Second year after treatment

- Physical examination and CEA testing every three to six months
- CT scan each year (every six to 12 months for patients with a high risk of recurrence)
- For patients with rectal cancer, pelvic CT scan every six to 12 months
- Rectosigmoidoscopy every six months for patients with rectal cancer who did not have radiation therapy to the pelvis

Third year after treatment

- Physical examination and CEA testing every three to six months
- CT scan each year (every six to 12 months for patients with a high risk of recurrence)
- For patients with rectal cancer, pelvic CT scan every six to 12 months
- Rectosigmoidoscopy every six months for patients with rectal cancer who did not have radiation therapy to the pelvis

Fourth year after treatment

- Physical examination and CEA testing every three to six months
- For patients with rectal cancer, pelvic CT scan each year
- Rectosigmoidoscopy every six months for patients with rectal cancer who did not have radiation therapy to the pelvis

Fifth year after treatment

- Physical examination and CEA testing every three to six months
- For patients with rectal cancer, pelvic CT scan each year
- Rectosigmoidoscopy every six months for patients with rectal cancer who did not have radiation therapy to the pelvis

What this means for patients

Regularly scheduled follow-up care helps increase the likelihood of finding a treatable recurrence. Discussing your risk of recurrence is important as you are nearing the end of your cancer treatment. Web-based prediction tools are available to help your doctor better estimate your risk of recurrence. Knowing this information helps your doctor develop an appropriate follow-up care plan. Talk with your doctor about your risk of recurrence and how it affects your schedule of follow-up care. Many people who have finished treatment for colorectal cancer receive their follow-up care through their primary care doctor. Your oncologist can provide you and your primary care doctor a written treatment summary, as well as recommendations for your follow-up care.

In addition to regular follow-up care, people recovering from colorectal cancer are encouraged to follow established guidelines for good health, such as maintaining a healthy weight, exercising, not smoking, eating a balanced diet, and having recommended cancer screening tests. Talk with your doctor to develop a plan that is best for your needs.

Questions to Ask the Doctor

To learn more about follow-up care for colorectal cancer, consider asking the following questions of your health care team:

- What is my risk of recurrence?
- What follow-up tests will I need, and how often will I need them?
- Who will be coordinating my follow-up care?
- If I move or need to switch doctors, how do I make sure to continue my recommended follow-up care schedule?
- How often will I need CEA testing? Where will it be done?
- How often do I need a CT scan? Where will it be done?
- How often do I need a colonoscopy? Who will do it and where will it be done?
- How often do I need a rectosigmoidoscopy (rectal cancer only)?
- What signs and symptoms should I watch for?
- What type of follow-up care do I need beyond five years after treatment?
- Where can I find more information about follow-up care?

Helpful Links

Read the entire guideline endorsement at www.asco.org/endorsements/CRC/FU [7]

Guide to Colorectal Cancer [8]

Colon Cancer Survivorship Care Plan [9]

Survivorship [10]

Follow-Up Care After Cancer Treatment [11]

Coping With the Fear of Recurrence [12]

Links:
[1] http://www.cancer.net/node/25396
[2] http://www.cancer.net/node/18704
[3] http://www.cancer.net/node/24730
[4] http://www.cancer.net/node/24486
[5] http://www.cancer.net/node/24481
[6] http://www.cancer.net/node/24678
[7] http://www.asco.org/endorsements/CRC/FU
[8] http://www.cancer.net/node/18701
[9] http://www.asco.org/sites/default/files/fillable_colon_survivorship_plan_v3_102009.doc
[10] http://www.cancer.net/node/22
[11] http://www.cancer.net/node/29386
[12] http://www.cancer.net/node/25241