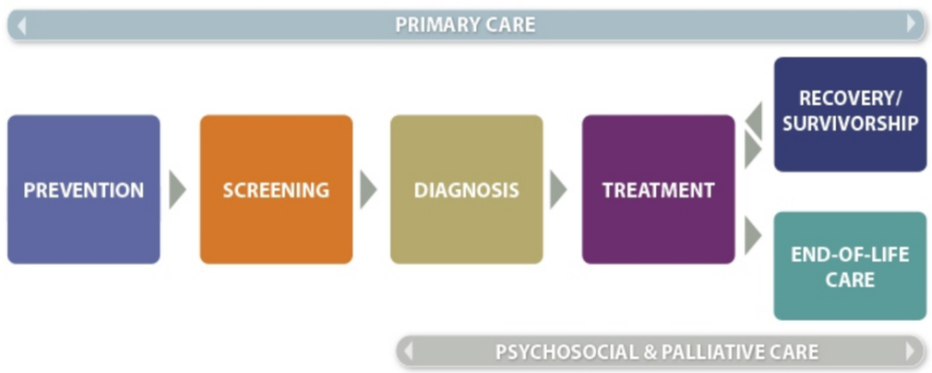
Cancer Care Ontario

Colorectal Cancer Follow-up Care Pathway Map

Version 2018.03



Ontario
Cancer Care Ontario

Target Population

Colorectal cancer survivors: adult patients who have completed primary treatment and are without evidence of disease, but would potentially be candidates for further treatment if recurrence were detected.

Pathway Map Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, Health Care Connect, is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see Person-Centered Care Guideline.
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- The pathway map is only intended for primary adenocarcinoma. Familial cancers (Lynch/non-Lynch) and cancers in the settings of inflammatory bowel disease are handled differently.

Pathway Map Legend

Colour Guide

- Primary Care
- Endoscopy
- Palliative Care
- Pathology
- Diagnostic Assessment Program (DAP)
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Psychosocial Oncology (PSO)

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/ Provider interaction
- R — Referral
- W — Wait time indicator time point

Line Guide

- Required
- Possible

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

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Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

Consider the introduction of palliative care, early and across the cancer journey Click here for more information about palliative care

From Colon or Rectal Cancer Treatment Pathway Maps

Adult patients who have completed primary treatment for Stage II or III Colon or Rectal Cancer and who are without evidence of disease[1]

EBS #26-2

R

Primary Care Provider

Nurse-led care within an institution

Follow-up by specialist

EBS #26-1

Procedures and Protocols

Medical history & physical exam[2]
To include symptoms related to bowel, bladder and ostomy management

Carcinogenic Embryonic Antigen (CEA)

Recommendations for health promotion and disease prevention
Assessment areas to address can include (but are not limited to) diet, exercise, smoking status, alcohol, sun safety, mental health, sexual health and other informational needs
Guideline #19-5
Guideline #19-6

Every 6 months for 5 years

CT Chest[4]

CT Abdomen

CT Pelvis (if previously treated for rectal cancer)

Annually for 3 years

or alternatively

X-ray[4] Chest

Ultrasound Abdomen

Ultrasound Pelvis (if previously treated for rectal cancer)

Every 6 – 12 months for 3 years, then annually for year 4 and 5

Colonoscopy[3]

- 1 year after initial surgery OR within 6 months of completing surgery if a complete colonoscopy was not performed pre-operatively
- Frequency of subsequent surveillance colonoscopies should be based on the findings of the previous one
- Generally, every 5 years, if the previous findings are normal

Quality Management Program for Colonoscopy

Quality-Based Procedures Clinical Handbook for GI Endoscopy

EBS #26-2

Any abnormal result suspicious for recurrence and/or metastatic disease

A

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[1] There is limited evidence for the surveillance of patients treated for stage I and stage IV colorectal cancer. The surveillance protocol of these patients should be individualized based on tumour stage and patient characteristics.
[2] For patients that present with symptoms concerning for recurrence, investigations should be performed and a referral back to the appropriate specialist should be considered.
[3] For rectal cancer patients who are considered at high risk of local recurrence by the treating physician, sigmoidoscopy can be considered at intervals less than 5 years.
[4] The choice of Chest CT or Chest X-ray should be consistent with the modality used for preoperative staging. For more information, refer to EBS #17-8

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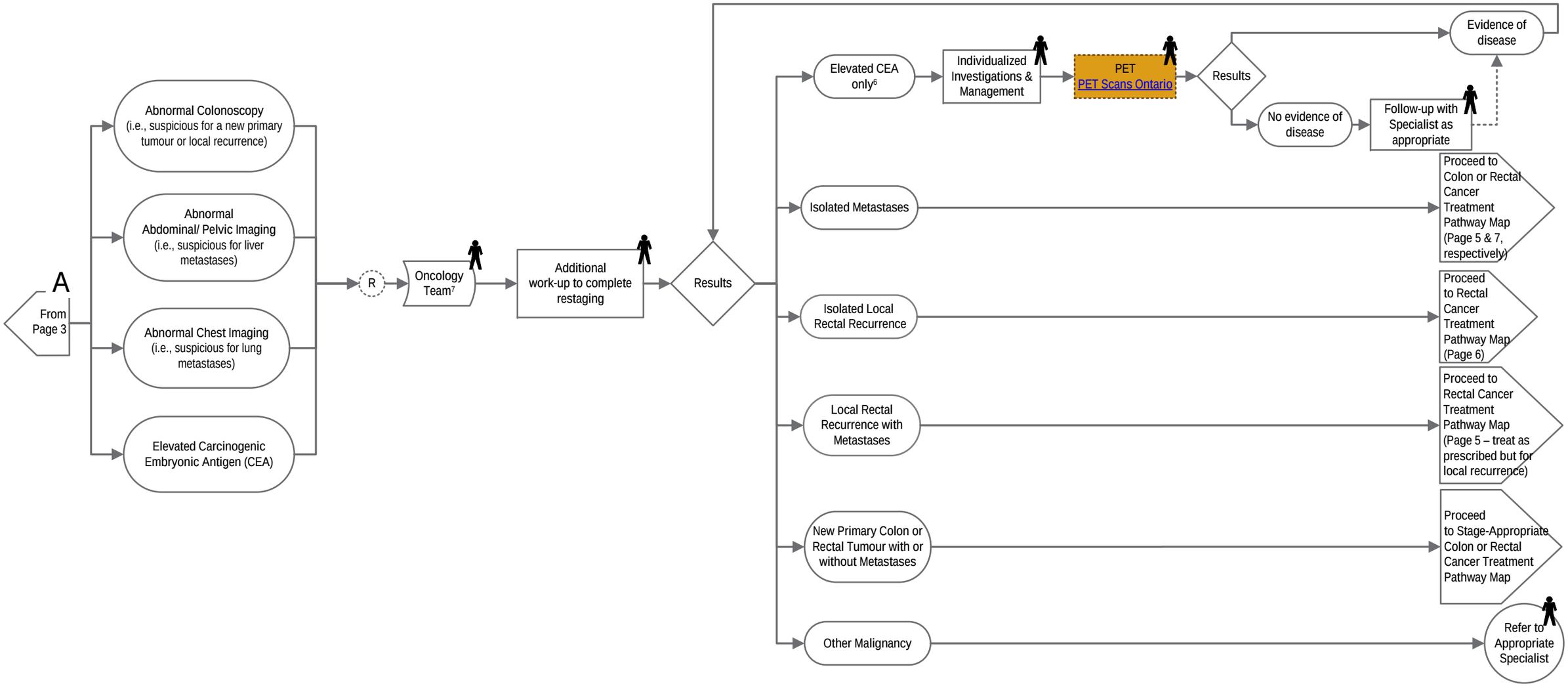

[6] Patients with an elevated CEA but no other evidence of disease should be followed at the discretion of the treating physician. Tumour markers have some variability and are not confirmatory for local recurrence and/or metastatic disease.

[7] Refer back to one of the original treating physicians as appropriate and available.