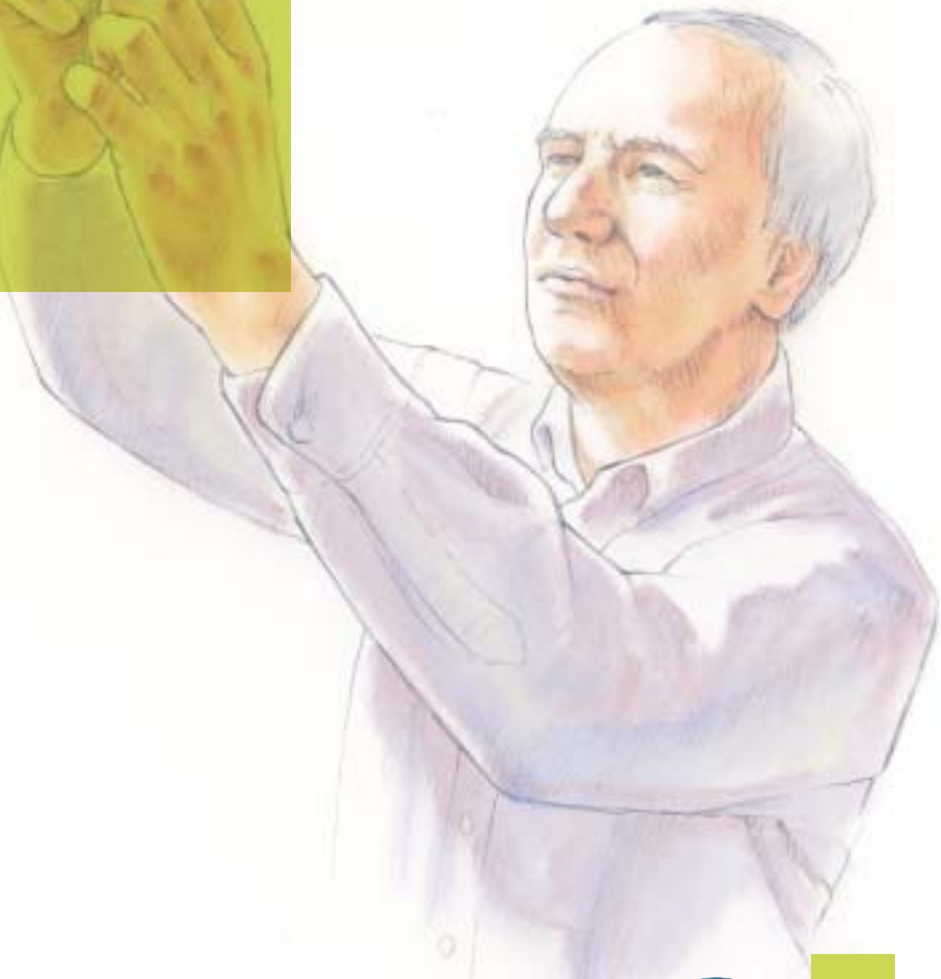


A Patient's Guide

# Follow-Up Care for Colorectal Cancer



Recommendations of  
the American Society  
of Clinical Oncology





The American Society of Clinical Oncology (ASCO) is a nonprofit organization representing more than 14,000 cancer professionals worldwide. ASCO offers scientific and educational programs along with many other initiatives intended to foster the exchange of information about cancer. The central purpose of the Society is to improve cancer care and prevention, and ASCO's primary goal is to ensure that all patients with cancer have access to the highest quality care.

# Follow-Up Care for Colorectal Cancer

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# A Patient's Guide to Follow-Up Care for Colorectal Cancer

## Recommendations of the American Society of Clinical Oncology

There is a range of tests that are often done as part of medical care following treatment for colorectal cancer. Many of these tests are an important part of your continuing health care.

The American Society of Clinical Oncology (ASCO) brought together a panel of specialists in colon and rectal cancer to develop guidelines for follow-up care after treatment for colorectal cancer. These specialists reviewed the medical articles in this area to determine what follow-up tests have been most useful and reliable and made recommendations to help you and your doctors make decisions about your continuing health care. **It is important to remember that every person with colorectal cancer is different, and these recommendations are not meant to replace your or your doctors' judgment. The final decisions you and your doctors make will be based on your individual circumstances.**

Words that appear in **bold** throughout the text are defined in the Glossary that begins on page 10.



## Primary Treatment Ends – Follow-up Care Begins

Depending on the **stage** of your colorectal cancer, you had either surgery, chemotherapy, radiation, or a combination of these as your **primary treatment**. You have long awaited the day that your treatment would end, and you are probably relieved. But you may also be concerned about the possibility that cancer will **recur**. It is natural to worry about **recurrence** of the cancer, and discussing any changes in your health with your doctors is an important part of your follow-up care.

ASCO designed this booklet to guide you through your next phase of treatment—follow-up care. You will learn which tests ASCO recommends as part of your regular follow-up care and which tests it does not recommend. You will also learn how often you should have these tests.



# Guidelines for Follow-Up Care

## Know the Symptoms

You may have learned that you had colorectal cancer after you saw a doctor because of symptoms. Colorectal cancer can recur at the site where it began or it may occur at another site in your body. The symptoms that sometimes indicate cancer within the colon or rectum may include

- change in bowel habits
- diarrhea, constipation, or feeling that the bowel does not empty completely
- blood (either bright red or very dark) in the stool
- general abdominal discomfort (frequent gas pains, bloating, fullness, or cramps)
- weight loss with no known reason
- general fatigue or weakness
- vomiting
- difficulty breathing or shortness of breath

These symptoms may be related to something other than a recurrence, but you should contact your doctor so that he or she can fully evaluate you and your symptoms to be sure. Even if you have no symptoms, you should maintain a regular schedule of visits with your doctor.

## Guidelines for Follow-Up Care, Con't

### See Your Doctor Regularly for a Physical Exam

Most colorectal cancer recurrences develop within 5 years, usually within 3 years after surgery. This is true especially for patients with **stage II** or **stage III** cancer. You should visit your doctor for a physical exam every 3 to 6 months for the first 3 years following the completion of your primary treatment. After that, an annual physical exam is recommended. Regularly scheduled visits with your doctor and an open, honest relationship with him or her is the most important step you can take in your medical care.

During the physical exam, your doctor will look for any physical changes that relate to your general health or that may suggest the cancer has recurred or has **metastasized** (spread to other parts of your body). Your doctor will listen to your heart and lungs and will exam your abdomen, to check for any abnormalities, such as liver enlargement, that may indicate the spread of cancer. He or she may also perform a **digital rectal exam** to check for tumors, **polyps** (non-cancerous growths), or bleeding.

### Talk to Your Doctors about Follow-up Testing

It is important for you to have regular follow-up testing even if you have no symptoms. As already stated, symptoms do not always signal the recurrence of colorectal cancer, and you should not be afraid if you do have symptoms because they may also be a signal of a minor problem. You should discuss with your doctors what follow-up testing should be done—and how often—so that you have the best chance of finding any recurrent cancer in its earliest stage, when it is most treatable.



## Tests Recommended by ASCO

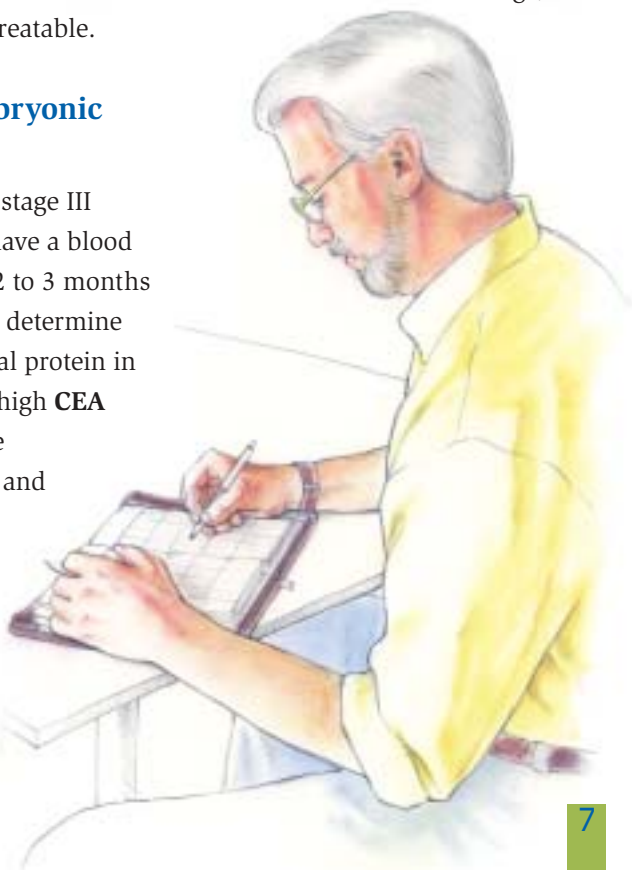
ASCO recommends that your follow-up care include the following tests to check for the recurrence of colorectal cancer. The recommendations for your follow-up care are also summarized on the next page.

### Colonoscopy

You should have a **colonoscopy**, or a visual exam of the colon, within the first year after your primary treatment. For this special procedure, your doctor will insert a thin flexible tube through the rectum and examine the colon, to look for polyps or new tumors. If the colonoscopy is negative—if there are no polyps or signs of recurrent tumor—you should then have a colonoscopy every 3 to 5 years. Colonoscopy is the best method to detect recurrent or new tumors in their earliest stage, when they are most treatable.

### CEA (Carcinoembryonic Antigen)

If you had stage II or stage III disease, you should have a blood sample drawn every 2 to 3 months for at least 2 years, to determine the level of this special protein in your bloodstream. A high **CEA** level may indicate the recurrence of cancer, and additional testing should be done.



## Guidelines for Follow-Up Care, Con't

### Tests Recommended by ASCO, *continued*

#### Proctosigmoidoscopy

If you had stage II or stage III rectal cancer and did not have radiation treatment of your pelvic area, you should have a **proctosigmoidoscopy** every 6 to 12 months, **or as determined by your physician**. For this special procedure, your doctor will insert a thin flexible tube through the rectum to examine the rectum and lower part of the colon, to look for polyps or new tumors. If you had another stage of disease or did have radiation treatment of your pelvic area, your doctor may recommend this test only if he or she thinks it is necessary because of the symptoms you have.

### Guidelines for Follow-up Care after Primary Treatment for Colorectal Cancer

	<i>1st Year</i>	<i>2nd Year</i>	<i>3rd Year</i>	<i>4th Year and On</i>
<i>Physical Exam</i>	Every 3-6 months	Every 3-6 months	Every 3-6 months	Every year
<i>Colonoscopy</i>	Once*		Every 3-5 years	
<i>CEA</i>	Every 2-3	Every 2-3	<b>As determined by your physician</b>	
<i>Proctosigmoidoscopy</i>	Every 6 to 12 months (for patients with stage II or stage III cancer who did not have pelvic radiation), or <b>as determined by your physician</b> .			

\*A colonoscopy should be done within the first year after primary treatment. If the examination shows no signs of recurrent tumor or polyps, colonoscopy should be done every 3 to 5 years.

**As** stated earlier, each person's situation is different, and you and your doctors will decide which of these tests are appropriate for you.

## Tests Not Recommended by ASCO for *Regular* Follow-up Care

If you are in good physical condition and have no symptoms, some tests are not recommended for *regular* follow-up care. Research has shown that some of these tests may not always detect cancer when it is present or may show signs of cancer when it is not present. Keep in mind, however, that some of these tests may be performed as part of a regular annual physical exam.

**Liver Function Tests** – blood tests to evaluate how well your liver is working

**Fecal Occult Blood Test** – a test to check for blood in the stool

**Computerized Tomography (CT) Scan** – also referred to as computerized axial tomography (CAT), used to evaluate the chest, abdomen, and pelvis for tumors

**Chest X-Ray** – a film made to view the chest to check for tumors in the lungs

**Complete Blood Count (CBC)** – a blood test done to determine the hemoglobin (the amount of oxygen in red blood cells), hematocrit (the percentage of red blood cells in whole blood), the number of WBCs (white blood cells), the number of platelets (cells that help blood to clot as necessary), and a differential (the percentage of several types of white blood cells)

## Keeping Your Information Current

ASCO evaluates new cancer treatments as they develop. To be sure that the information you have is current, please call ASCO at (888) 651-3038 or (703) 299-0150. Reliable, credible news on clinical breakthroughs in the treatment of all types of cancer is available on the Society's website, *ASCO OnLine*, at [www.asco.org](http://www.asco.org). In addition, this patient guide, as well as others, are available on *ASCO OnLine*, in the People Living with Cancer section.

**CEA (carcinoembryonic antigen):** a special protein, which can be measured in the blood; a high level of this protein has been shown to indicate the presence of colorectal cancer

**colonoscopy:** examination of the inside of the colon with use of a thin, lighted tube (a colonoscope) that is inserted into the rectum; with this procedure, the doctor can look for polyps or any abnormal tissue and remove them through the tube and have them examined for the presence of disease

**digital rectal exam:** examination in which the doctor inserts a lubricated, gloved finger into the rectum to feel for abnormalities

**metastasis (metastasize):** spread of cancer cells from the original site to other parts of the body

**polyps:** growths that protrude from a membrane, such as the inner lining of the colon and rectum; polyps are not cancerous but should be removed because they can lead to the development of cancer



**primary colorectal cancer:** cancer confined to the colon or rectum when it is first diagnosed

**primary treatment:** treatment of a disease, such as colorectal cancer, the first time it occurs

**proctosigmoidoscopy:** examination of the inside of the rectum and the lower part of the colon using a thin, lighted tube (a sigmoidoscope) that is inserted into the rectum; with this procedure, the doctor can look for polyps or any abnormal tissue and remove them through the tube and have them examined for the presence of disease

**recur (recurrence, recurred):** reappearance of a disease, such as colorectal cancer, after successful primary treatment

**stage of disease:** colorectal disease is defined by the following stages:

**stage I:** cancer has grown through the inner lining of the colon or the rectum but has not penetrated nearby tissue

**stage II:** cancer has grown entirely through the colon or rectal wall but has not spread to nearby lymph nodes

**stage III:** cancer has spread to nearby lymph nodes (small bean-shaped organs that filter bacteria from the body) but not to other parts of the body

**stage IV:** cancer has spread to distant organs, most commonly, the liver, lungs, or brain

Just as important as your physical health is your emotional health. There are many organizations that offer support to patients with cancer and their families. Ask your doctor or call your local hospital to find out about such groups in your community. In addition, the following organizations can provide information or educational materials about cancer.

**American Cancer Society  
(ACS)**

National Office  
1599 Clifton Road, NE  
Atlanta, GA 30329  
(800) ACS-2345  
[www.cancer.org](http://www.cancer.org)

**American Society of  
Clinical Oncology  
(ASCO)**

225 Reinekers Lane, Suite 650  
Alexandria, VA 22314  
(888) 651-3038 or (703) 299-0150  
[www.asco.org](http://www.asco.org)

**Cancer Care, Inc.**

275 Seventh Avenue  
New York, NY 10001  
(800) 813-HOPE  
[www.cancercare.org](http://www.cancercare.org)

**Colon Cancer Alliance  
(CCA)**

175 Ninth Avenue  
New York, NY 10011  
(212) 439-1101  
[www.ccalliance.org](http://www.ccalliance.org)

**National Cancer Institute (NCI)**

National Institutes of Health  
Office of Cancer Communication  
Building 31, Room 10A24  
9000 Rockville Pike  
Bethesda, MD 20892  
(800) 4-CANCER  
[www.nci.nih.gov](http://www.nci.nih.gov)

**National Coalition for Cancer  
Survivorship**

1010 Wayne Avenue, Suite 595  
Silver Spring, MD 20910  
(301) 650-8868  
[www.cansearch.org](http://www.cansearch.org)

## Supporting Clinical Cancer Research and Education Around the World

The ASCO Foundation is a nonprofit corporation based in Alexandria, Virginia, dedicated to furthering clinical cancer research and education. The Foundation provides an added mechanism for private fund-raising in support of the broad range of ASCO programs, with special emphasis on the advancement of careers in clinical cancer research through the Society's Fellowship Grants Program. The Foundation's ultimate goal is to support the development of the next generation's leaders in the field of clinical oncology.

The ASCO Foundation has received a generous contribution from its charter sponsor, Ortho Biotech Inc., but it still needs your help to fund these important research and education programs.

For more information, or to make a contribution to the ASCO Foundation, please contact

**American Society of Clinical Oncology**

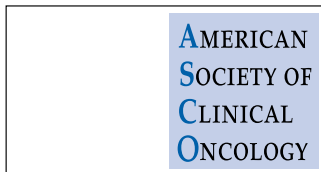
**ASCO Foundation**

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