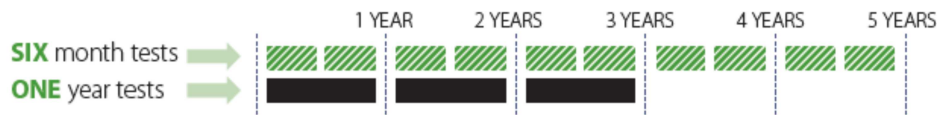


GRAND RIVER REGIONAL CANCER CENTRE  
COLORECTAL CANCER  
ROUTINE ASSESSMENT AND GUIDELINES

FOLLOW-UP CARE TIMELINE



Six Months	One Year
<ul style="list-style-type: none"> <li>Medical history</li> <li>Physical examination</li> <li>Carcinoembryonic Antigen (CEA) blood test</li> </ul> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>If the patient has a history of <b>rectal cancer</b> and has <b>NOT</b> had <b>pelvic radiation</b>, a rectosigmoidoscopy should be completed every six months for two years to five years</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal CT scan</li> <li>Chest CT scan</li> <li>Pelvic CT scan – is recommended on the same schedule if the primary tumor was found in the rectum</li> </ul> <p style="text-align: center;"><b>COLONOSCOPY</b></p> <ul style="list-style-type: none"> <li>Colonoscopy should be performed 1 year following surgery</li> <li>Colonoscopy should be done within six months of completing primary therapy if a complete colonoscopy was <b>NOT</b> performed in the course of diagnosis</li> </ul> <p><b>Special Note</b></p> <ul style="list-style-type: none"> <li>The frequency of subsequent surveillance colonoscopies should be dictated by the findings of the previous one, but generally should be performed every 5 years, if the findings of the previous one are normal</li> </ul>

GUIDELINES FOR WELL FOLLOW-UP APPOINTMENT ASSESSMENTS

Physical Assessment	Sign & Symptoms	Management
<b>CARDIOVASCULAR</b>	Decreased cardiac functions	MUGA Scan/2D ECHO
<b>GASTROINTESTINAL &amp; GENITOURINARY</b>	Hepatomegaly	Abdominal Ultrasound
	Jaundice	<b>OR</b> Abdominal & Pelvic CT Scan
	Pain in the right upper quadrant or flank region	<b>PLUS</b> Liver Function Tests
	<b>Bowel Obstruction</b> Nausea, vomiting, not passing flatus or bowel movements, abdominal distention, abdominal pain	Abdominal & Pelvic CT Scan
<b>NEUROLOGICAL</b>	<b>Spinal Cord Compression</b> Back pain with limb weakness, change in sensation, changes in reflexes, or loss of bowel or bladder control	<b>URGENT REFERRAL TO A SPECIALIST OR INSTRUCT PATIENT TO VISIT ER</b>
	<b>CNS Lesion</b> New persistent headache (especially with visual changes, nausea, or seizures)	
<b>PAIN</b>	Pain in the right upper quadrant or flank region	Abdominal Ultrasound <b>OR</b> Abdominal & Pelvic CT Scan Scan <b>PLUS</b> Liver Function Tests
	New Persistent Bone Pain	Bone Scan <b>AND</b> Plain Films of Affected Site(s) Abdominal & Pelvic CT Scan Abdominal & Pelvic CT Scan
	Pelvic Pain	
	Sciatica	
<b>PSYCHOSOCIAL</b>	Depression, failure to cope, resource requirements & survivorship	Referral to Social Worker
<b>RESPIRATORY</b>	New persistent cough or Dyspnea	Chest X-RAY <b>OR</b> Chest CT Scan