

Dear Colleague:

Your role in the follow up and on going care of patients with colorectal cancer remains an important one and is appreciated not only by your patients of course, but by your colleagues at the Grand River Regional Cancer Centre (GRRCC).

The discharge letter that is given to your patients at the conclusion of their care at GRRCC (and forwarded to you) has been recently revised. These revisions reflect the current recommendations of Cancer Care Ontario (CCO), The British Columbia Cancer Agency (BCCA) and American Society of Clinical Oncology (ASCO).

The most significant changes are those related to imaging. We no longer recommend a chest x-ray or ultrasound as part of routine surveillance; we now recommend a CT scan of the chest, abdomen and pelvis be done annually for a minimum of 3 years as part of routine surveillance.

The recommended frequency of colonoscopy has also been changed. If it is has **not** been done pre-operatively, a colonoscopy should be performed approximately 12 months after surgery. If a complete colonoscopy was not performed in the course of diagnosis it should be done within six months of completing primary therapy.

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. The frequency of surveillance may, however, be altered on the recommendation of – the patient’s surgeon or gastroenterologist, or at the discretion of the endoscopists if your patient develops colonic polyp disease, or if the patient’s pedigree is compatible with Hereditary Non Polyposis Colon Cancer.

To help primary care providers with the follow-up care for their patients we have prepared a new discharge package. The “Colorectal Cancer Routine Assessment and Guidelines” form will be completed by the GRRCC Staff at the time of discharge to provide primary care providers with the new baseline for your patients. The “Colorectal Cancer Well Follow-up Care Plan” includes the guidelines for yearly assessment and how to manage new symptoms that may arise. Patients discharged from the Cancer Centre will be given the CCO approved Colorectal Cancer Follow-up Care Patient Pathway resource. This tool is a guide for patients to access their follow-up plan.

Blank copies of the “Well Follow-up Assessment” form and the “Colorectal Cancer Routing Assessment and Guidelines” form can be downloaded from the www.cancercare4primarycare.com website onto your EMR system.

We greatly appreciate your ongoing collaboration during the follow-up care of these patients.