Clinical Practice Guidelines: 
Surveillance & Survivorship After Colorectal CA (1/2)

**Surveillance** after surgery for non-metastatic colorectal cancer should be tailored to the relative risk of recurrence 2C.

*Surveillance recommended for:* stage II/III (1A) and stage IV (1c) patients who had surgery with curative intent. Stage I surveillance is selective (2C).

After treatment, **scheduled office visits + CEA testing** should be included 1A.

**Radiology** surveillance includes CT chest/abd/pelvis at least twice, but up to every 6-12 months for 5 years. 1A

**Colonoscopy** at 1 year post treatment. If incomplete preop, do within 6 months of resection or adjuvant Tx 1B.

After rectal cancer, **Proctosigmoidoscopy (+ ERUS if local excision)** every 3-6 months for 2-5 years. 2B

Hardiman K et al. *Dis Colon Rectum* 2021;64
Survivorship care plan is recommended and should include:

- Treatment summary
- F/U plan
- Common late and long-term side effects for treatment received

After treatment, pts should be Assessed and offered treatment for:

1B

- Adverse lifestyle behaviors
- Cognitive dysfunction
- Fear of recurrence causing distress

Functional impairment (e.g. sensory neuropathy, and bowel, urinary, or sexual dysfunction)

Exercise & Physical Activity recommended

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