

SWAG Colorectal Cancer Follow-Up Guidelines

At end of treatment all patients to receive a CNS review which includes the following:

- Holistic Needs Assessment and Care Plan
- Booking onto a Health & Wellbeing Clinic. If patient has already attended an early H&WB clinic then to be given site specific advice about signs and symptoms of recurrence and possible late effects of treatment
- Completion of Treatment Summary

Patients are then stratified into one of the following follow-up pathways. N.B. Patients should be reassessed and move freely between follow up pathways as their condition or needs change:

- Supported self-management pathway with routine surveillance and open access
- Shared Care
- Complex case management
- Discharged to GP care

<p>Self-Management with Open Access: Patients who are able to understand and engage with process</p> <p>No active disease/ serious/ uncontrolled symptoms from treatment</p> <p>Can be for all stages of colorectal cancer (primary)</p> <p>All bloods, CTs, colonoscopies undertaken as per protocol</p>	<p>Shared Care:</p> <p>Patients requiring physical examination</p> <p>Nurse-led clinic for those unable to engage with self-management pathway i.e. due to cognitive or psychological issues</p> <p>Trials Patients (could be on this pathway or complex case management pathway)</p>	<p>Complex Management via MDT:</p> <p>Serious uncontrolled symptoms</p> <p>Complex management or intense surveillance required i.e. following metastatic resections or T1 polypectomy's</p> <p>Palliative patients receiving treatment</p> <p>Trials patients (or on shared care pathway)</p>	<p>Discharge to GP care:</p> <p>Very frail patients</p> <p>Patients for who no further active treatment would be offered</p> <p>Not requiring further scans or blood tests</p>
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Self-Management Pathway Process

<p>Normal Results:</p> <p>Results reviewed and patient informed via letter</p> <p>Holistic Needs Assessment (paper copy and electronic link) sent with CT results at 1 and 2 years</p> <p>Patient informed to make contact if help is needed and given reminder of next test date</p> <p>Reminder of signs and symptoms given to patient</p>

<p>Abnormal Results / Concerns / Symptoms:</p> <p>Open access into system within 2 weeks</p> <p>Further diagnostic tests as required</p> <p>MDT review</p> <p>OPA</p>

Suggested Colorectal Surveillance Test Schedule: (please note this can be adapted for local use)

CEA Blood Tests:

Need to be performed every 6 months for 3 years then annually for 2 years

CT scan or other appropriate imaging (chest, abdomen & pelvis):

Required annually for 2 years

Colonoscopy:

Required at 1 year and 5 year intervals, then repeated every 5 years

Other Surveillance Schedules:

Malignant Polyps

Investigation	Interval
CEA	Every six months for three years
CT or appropriate imaging (chest, abdomen & pelvis) and colonoscopy	At one year
Follow BSG Guidelines after one year for polyp surveillance	

Dukes A

Investigation	Interval
CEA	Every six months for three years
CT (chest, abdomen & pelvis)	At one year
CTC (including liver & chest CT)	At three years
Colonoscopy & CEA	At five years

Dukes B

Investigation	Interval
CEA	Every six months for three years
CT (chest, abdomen & pelvis)	At one year
CTC (including liver & chest CT)	At three years
Colonoscopy or CTC (including liver & chest CT) & CEA	At five years

Dukes B+ and C

Investigation	Interval
CEA	Every six months for three years
Post chemo CT (chest, abdomen & pelvis)	At six months
CTC	At six months only IF NO pre-op whole bowel investigation completed
CTC (including liver & chest CT)	At 18 months
CT (chest, abdomen & pelvis)	At three years
Colonoscopy or CTC (including liver & chest CT) & CEA	At five years