

675 McDermot Avenue
Winnipeg, Manitoba
Canada R3E 0V9

409 Taché Avenue
Winnipeg, Manitoba
Canada R2H 2A6

www.cancercare.mb.ca

Date: _____

Patient Label

Re: Follow-Up Care for

Dear _____:

Family Physician / Nurse Practitioner / Surgeon

Your patient has completed treatment for colorectal cancer and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that your patient has already received.

- Follow-Up Recommendations for colorectal cancer
- Personalized Cancer Treatment Summary

Your patient has also received a folder containing Colorectal Cancer Follow-up Care Information and a "Moving Forward after Cancer Treatment" booklet addressing general issues for all cancer survivors, such as diet, exercise, and emotional recovery.

Your patient is now being returned to you for supervision of their cancer follow-up care, including CEA's, liver imaging tests, as well as for their general medical care. Your patient has been asked to make an appointment with you in the next month to discuss follow-up care and to arrange the next recommended follow-up test. Attached is a specific colorectal follow-up care plan. It includes a flowsheet of the follow-up schedule, a summary of the patient's diagnosis and treatment, and guidelines for you about physical examinations, tests, managing test results and referring the patient back to CCMB should there be an indication for recurrence. Your patient has also received this document.

Follow-up (surveillance) colonoscopy will be the responsibility of the patient's surgeon/gastroenterologist who is also receiving this report (see name below) and who will also follow the patient clinically. Please send a copy of your patient's CEA and CT scan results to this specialist.

Your patient will continue to have their cancer follow-up care, CEA's, and liver imaging tests organized by:

- Physicians at CancerCare Manitoba**
- Physicians at the local Community Cancer Program**

These documents are for your information to support your important role in caring for this patient. Many cancer recurrences present to the FP/NP **first** even when the patient is being followed at the cancer centre. Your vigilance for symptoms that may indicate recurrence is therefore important, as well as your support around their emotional and physical recovery, the management of their other medical conditions and their needs for health promotion and prevention. You will be sent updated information if the patient's follow-up care is transferred to you in the future.

More information for health care providers about follow-up care issues and resources for colorectal cancer patients can be found on the CCMB website: www.cancercare.mb.ca/followupcare/ Topics include:

- ◆ Cancer Recurrence
- ◆ Other Medical Tests & Cancer Screening
- ◆ Screening recommendations for family
- ◆ Colorectal Cancer Problems, Side Effects and Resources
- ◆ Diet & Nutrition following colorectal cancer
- ◆ Exercise & Activity following colorectal cancer
- ◆ Colorectal Cancer Patient Support and Resources

Thank you very much for your care and commitment to the care of cancer patients and their families.

Sincerely,

CCMB Medical Oncologist CCMB Radiation Oncologist Surgeon Family Physician in Oncology

CC: Surgeon

*The Follow-Up Care Plan documents are new tools created by CancerCare Manitoba. Contact us for further information or with feedback/suggestions at transitions@cancercare.mb.ca.

Your physician / nurse can help you find this information for this care plan. It has helpful information about your cancer, its treatment and your follow-up care that you and your doctors and other health care providers can use as you move forward after cancer treatment.

1. My Personal Information		4. My Surgery		
Name		Type of Surgery	Surgery Details	
CR #		<input type="checkbox"/> No Surgery <input type="checkbox"/> Local tumour destruction-laser, electrocautery <input type="checkbox"/> Local tumour excision-transanal excision <input type="checkbox"/> Hartmann's Procedure <input type="checkbox"/> Anterior Resection <input type="checkbox"/> Abdominoperineal resection <input type="checkbox"/> Total proctocolectomy with permanent ileostomy <input type="checkbox"/> Total or subtotal colectomy, not rectum <input type="checkbox"/> Right hemi-colectomy <input type="checkbox"/> Left hemi-colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> Colectomy: Not otherwise specified <input type="checkbox"/> Other:	Surgery Date:	
Date of birth			Lymph nodes removed:	
2. My Cancer Team			Lymph nodes with cancer:	
Family Practitioner			Ostomy	
Surgeon/Gastroenterologist			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medical Oncologist				
Radiation Oncologist				
CCMB Primary Nurse				
3. My Cancer Information		5. My Cancer Treatment		
Type of Cancer	Staging	Chemotherapy	Radiation	
<input type="checkbox"/> Malignant neoplasm of colon <input type="checkbox"/> Caecum <input type="checkbox"/> Appendix <input type="checkbox"/> Ascending colon <input type="checkbox"/> Hepatic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Descending colon <input type="checkbox"/> Sigmoid colon; Sigmoid (flexure) <input type="checkbox"/> Malignant neoplasm of rectosigmoid junction <input type="checkbox"/> Malignant neoplasm of rectum	Diagnosis Date:	<input type="checkbox"/> 5-FU with leucovorin (5-fluorouracil with folinic acid) <input type="checkbox"/> FOLFOX (oxaliplatin with 5-FU & leucovorin) <input type="checkbox"/> with bevacizumab <input type="checkbox"/> FOLFIRI (irinotecan with 5-FU & leucovorin) <input type="checkbox"/> with bevacizumab <input type="checkbox"/> XELOX (capecitabine with oxaliplatin) <input type="checkbox"/> XELODA (capecitabine) <input type="checkbox"/> Other:	<input type="checkbox"/> No Radiation <input type="checkbox"/> Pelvic Radiation _____ Date Completed	
	<input type="checkbox"/> Pathological <input type="checkbox"/> Clinical <input type="checkbox"/> I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC		T: N: M:	<input type="checkbox"/> Other: _____ Date Completed
Staging System "Tumour-Node-Metastases" (TNM)		Persistent Side Effects from Treatment		
<i>Stage I: Tumour in bowel wall, not spread to lymph nodes</i>	<i>T 1-4: depth of tumour invasion into bowel wall</i>	<input type="checkbox"/> Allergic or Infusion Reaction <input type="checkbox"/> Angina (chest pain) <input type="checkbox"/> Bladder Irritation (lack of control) <input type="checkbox"/> Bowel or bladder incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> Febrile Neutropenia (infection when white cell count is low)	<input type="checkbox"/> Hand - Foot Skin Reaction <input type="checkbox"/> Infection <input type="checkbox"/> Nausea and Vomiting <input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage) <input type="checkbox"/> Skin rash <input type="checkbox"/> Sore mouth (stomatitis) <input type="checkbox"/> Other:	
<i>Stage II: Tumour deeper into bowel wall, not spread to lymph nodes</i>	<i>N 0-2: number of lymph nodes involved (1 is one-three nodes; 2 is four or more nodes)</i>			
<i>Stage III: Tumour deep or through bowel wall with spread to lymph nodes</i>	<i>M 0: no spread to other parts of the body</i>			
Optional Treatment / Surgery Notes				

FOLLOW-UP RECOMMENDATIONS*

* If a patient is not a candidate for surgery or systemic therapy because of severe comorbid conditions, surveillance tests should not be performed. A treatment plan from the specialist should have clear directions on appropriate follow-up by a nonspecialist.

Cancer Question? Expert Help for Primary Care call·text ► 204-226-2262 email ► cancerquestion@cancercare.mb.ca

FOLLOW-UP	STARTING ON DATE OF SURGERY→	YEAR 1, 2, 3	YEAR 4, 5
Medical Follow-Up Care Appointment: <i>Focused history & physical + rectal / perineal exam</i>		Every 3 months	Every 6 months
Bloodwork: <i>Carcinoembryonic Antigen (CEA)(no other blood tests are recommended routinely)</i>		Every 3 months	Every 6 months
CT Imaging (infused): <i>Chest / Abdomen / Pelvis</i>		Annually	Not routine
Chest X-Ray, FOBT		Not routine	Not routine
Colonoscopy		1 year after initial surgery or after first complete clearing colonoscopy if done after surgery	4 years after initial surgery (i.e. 3 years after the year 1 colonoscopy), then every 5 years indefinitely (if no polyps on colonoscopy)
Monitoring: <i>Possible Side Effects of Treatment</i>	Rectal Cancer: Bowel, Bladder and Sexual Function; Peripheral Neuropathy (nerve pain) Colon Cancer: Peripheral Neuropathy (nerve pain); Change in Bowel Habits		

NOTE: Year 1 of follow-up is the 12-month period beginning on the date of the patient's surgery

INTENSIVE FOLLOW-UP WITH CEA, CT AND COLONOSCOPY CONFERS AN OVERALL SURVIVAL ADVANTAGE OF 7 – 10%.

Medical Appointments

- A focused history and physical with rectal / perineal examination performed at each visit
- Most recurrences occur in the liver, lungs (and pelvis for rectal cancers). Inquire about new symptoms such as pain, nausea, dyspnea, persistent cough, and new bladder or bowel symptoms.
- Surgeons will commonly review patients post-operatively along with the family physician

Bloodwork

- CEA is measured every three months in Years 1, 2 and 3, then every six months in Years 4 and 5.
- **Other blood tests, such as liver function tests (LFTs) and blood counts (CBCs) are NOT recommended for follow-up.**
- For a CEA result above the upper limit of normal, repeat the test in 4-6 weeks. If level is still rising, **re-refer patient to CCMB by faxing a referral to 204-786-0621 while ordering an infused CT of the thorax, abdomen and pelvis (+ creatinine) with a copy of the results to be sent to CCMB.**
- Note: CEA levels may be increased if the patient is a smoker or in the presence of other cancers or diseases such as hepatitis, liver injury, gallbladder problems or chronic inflammatory conditions.

CT Imaging

- Follow-up CT imaging of the chest, abdomen (and pelvis for rectal cancer) is performed **only** for patients who may be eligible for surgery with curative intent, and only for the first three years.
- **If a CT suggests recurrence, fax a referral to CancerCare Manitoba at 204-786-0621. Include all relevant lab & imaging results.**

Chest X-ray

- Chest X-ray is **not** routinely performed as part of follow-up surveillance.

Colonoscopy

- Follow-up colonoscopy is performed about one year after surgery, or about one year after the first complete colonoscopy if this was done after surgery due to a bowel obstruction at the time of diagnosis
- If colonoscopy is unremarkable (no polyps) the procedure is repeated 3 years after previous colonoscopy (end of Year 4), and then every 5 years indefinitely if the outcome is normal, and as long as the patient is fit for further surgery
- If colonoscopy reveals adenomatous or serrated polyps, follow-up intervals may be shortened at the discretion of the endoscopist based on the pathology details
- For rectal cancer patients at high risk for local recurrence, check with the endoscopy physician regarding the need for sigmoidoscopy surveillance. If recommended, sigmoidoscopy is usually recommended every 6 months for the first three years.

Monitoring

- Peripheral neuropathy from oxaliplatin usually resolves, and can be treated with tricyclics (desipramine, nortriptyline), anti-convulsants (gabapentin, pregabalin), opioids or cannabinoids (nabilone, dronabinol)
- See Follow-Up Care Plan, Part 2 (pages 4-12) for suggestions re bowel and sexual side effects

Referrals to CancerCare Manitoba

- Fax referrals to the CCMB Referral Office **204-786-0621**. Please **do NOT send letters directly to the Oncologist**, as this may delay the patient's appointment if that doctor is unavailable.



Colorectal Cancer 5 Year Follow-Up Tests & Appointments for:

DOB:

CR#:

Date of Surgery:

All dates are targets only. Your doctor may schedule tests earlier or later than what is recommended here

This schedule is for people who are feeling well and will help discover any return of the cancer as soon as possible.

If you are not feeling well enough for these tests, or if you have any symptoms listed in **Part 2 of your Follow-Up Care Plan**, please contact your family physician or nurse practitioner.

These guidelines are based on the 2016 AGA Guidelines.

		Procedure	Health Care Provider
Y E A R 1		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Colonoscopy to be arranged 	Name:
		<ul style="list-style-type: none"> • Order CT Scan: Chest/Abdomen/Pelvis 	Name:
		<ul style="list-style-type: none"> • CT Scan Results 	
Y E A R 2		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Order CT Scan: Chest/Abdomen/Pelvis 	Name:
			<ul style="list-style-type: none"> • CT Scan Results
Y E A R 3		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test • Check on Colonoscopy appt. in Year 4 	Name:
		<ul style="list-style-type: none"> • Order CT Scan: Chest/Abdomen/Pelvis 	Name:
			<ul style="list-style-type: none"> • CT Scan Results
Y R 4		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Colonoscopy (if indicated) 	
Y R 5		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	Name:
		<ul style="list-style-type: none"> • Medical Appointment • CEA Blood Test 	