

Patient Guide

ASCO

*Information for
People Living
with Cancer*

FOLLOW-UP CARE FOR COLORECTAL CANCER



Welcome

The American Society of Clinical Oncology (ASCO) is the world's leading professional society of multidisciplinary medical professionals who treat people with cancer. ASCO's more than 20,000 members from the United States and abroad set the standard for patient care worldwide and lead the fight for more effective cancer treatments, increased funding for clinical and translational research, and, ultimately, cures for the many different types of cancer that strike an estimated 10 million people worldwide each year. ASCO publishes the semi-monthly *Journal of Clinical Oncology* (JCO), the preeminent, peer-reviewed, medical journal on clinical cancer research, and produces People Living With Cancer (www.plwc.org), an award-winning website providing oncologist-vetted cancer information to help patients and families make informed health-care decisions.

To help doctors give their patients the best possible care, ASCO asks its medical experts to review the latest research on issues in cancer care and develop recommendations called clinical practice guidelines.

To help patients understand their cancer care, ASCO created this patient guide, based on the guidelines ASCO's experts developed to help people with colorectal cancer.

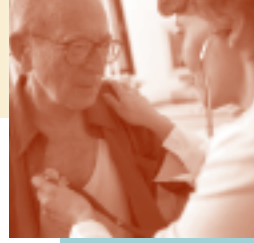
As you read this guide, please keep in mind that every person treated for cancer is different. These recommendations are not meant to replace your or your doctors' judgment. The final decisions you and your doctors make will be based on your individual circumstances.

Information in ASCO's patient information materials is not intended as medical advice or as a substitute for the treating doctor's own professional judgment; nor does it imply ASCO endorsement of any product or company.



Recommendations of the American Society of Clinical Oncology

There are several tests often performed as part of medical care following treatment for colorectal cancer. Many of these tests are an important part of your continuing health care.



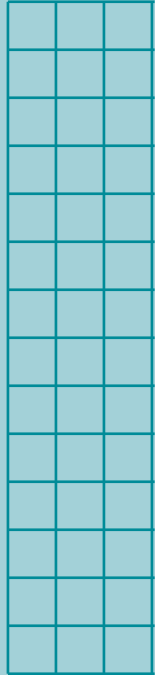
ASCO formed a panel of experts to review the medical articles in this area to determine what follow-up tests have been most useful and reliable, and made guidelines for follow-up care after treatment for colorectal cancer. The members included medical, surgical, and radiation oncologists, health services researchers, specialists in colon and rectal cancer, and patient advocates.

The panel worked together using the evidence and their own expertise, and formed their opinions by consensus (agreement from everyone in the group).

Primary Treatment Ends— Follow-Up Care Begins

Depending on the stage of your colorectal cancer, you had surgery, chemotherapy, radiation therapy, or a combination of these as your primary treatment. Now that your primary treatment has ended, you may be concerned about the possibility that cancer will recur. It is natural to worry about recurrence of cancer, and discussing any health changes with your doctor is an important part of your follow-up care.

ASCO designed this booklet to guide you through your next phase of treatment—follow-up care. You will learn which tests ASCO recommends as part of your regular follow-up care and which tests it does not recommend. You will also learn how often these tests are necessary.



A photograph of various pieces of laboratory glassware, including beakers and flasks, some containing liquids, set against a warm, golden background.

Guidelines for Follow-Up Care

Know the Symptoms

You may have learned that you had colorectal cancer after you saw a doctor because of symptoms. Colorectal cancer can recur at the site where it began or it may occur at another site in your body. The symptoms that sometimes indicate cancer within the colon or rectum may include:

- Change in bowel habits
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Blood (either bright red or very dark) in the stool
- General abdominal discomfort (frequent gas pains, bloating, fullness, or cramps)
- Weight loss with no known reason
- General fatigue or weakness
- Vomiting
- Difficulty breathing or shortness of breath

These symptoms may be related to something other than a recurrence, but you should contact your doctor so that he or she can fully evaluate you and your symptoms to be sure. Even if you have no symptoms, you should maintain a regular schedule of visits with your doctor.

See Your Doctor Regularly for a Physical Examination

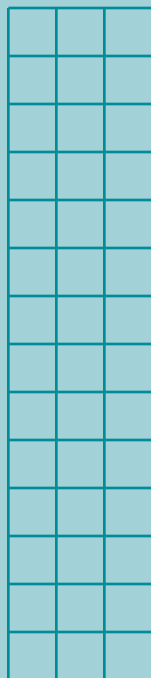
Most colorectal cancer recurrences develop within five years, but usually within three years after surgery. This is true especially for patients with stage II or stage III cancer. You should visit your doctor for a physical examination every three to six months for the first three years following the completion of your primary treatment. After that, an annual physical examination is recommended. Regularly scheduled visits with your doctor and an open, honest relationship with him or her is the most important step you can take in your medical care.



During the physical examination, your doctor will look for any physical changes that relate to your general health or that may suggest the cancer has recurred or has metastasized (spread to other parts of your body). Your doctor will listen to your heart and lungs and will examine your abdomen to check for any abnormalities, such as liver enlargement, that may indicate the spread of cancer. He or she may also perform a digital rectal examination to check for tumors, polyps (noncancerous growths), or bleeding.

Talk to Your Doctor about Follow-up Testing

It is important for you to have regular follow-up testing even if you have no symptoms. As already stated, symptoms do not always signal the recurrence of colorectal cancer, and may be a signal of a minor problem. You should discuss with your doctor what follow-up testing should be done—and how often—so that you have the best chance of finding any recurrent cancer in its earliest stage, when it is most treatable.





Tests Recommended by ASCO

ASCO recommends that your follow-up care include the following tests to check for the recurrence of colorectal cancer. The recommendations for your follow-up care are also summarized on the next page.

Colonoscopy. You should have a colonoscopy, or a visual examination of the colon, within the first year after your primary treatment. For this special procedure, your doctor will insert a thin, flexible tube through the rectum and examine the colon, to look for polyps or new tumors. If the colonoscopy is negative—if there are no polyps or signs of recurrent tumor—you should then have a colonoscopy every three to five years. Colonoscopy is the best method to detect recurrent or new tumors in their earliest stage, when they are most treatable.

CEA (Carcinoembryonic Antigen). If you had stage II or stage III disease, you should have a blood sample drawn every two to three months for at least two years, to determine the level of this special protein in your bloodstream. A high CEA level may indicate the recurrence of cancer, and additional testing should be done.

Proctosigmoidoscopy. If you had stage II or stage III rectal cancer and did not have radiation treatment of your pelvic area, you should have a proctosigmoidoscopy every six to 12 months, or as determined by your doctor. For this special procedure, your doctor will insert a thin, flexible tube through the rectum to examine the rectum and lower part of the colon, to look for polyps or new tumors. If you had another stage of disease or did have radiation treatment of your pelvic area, your doctor may recommend this test only if he or she thinks it is necessary based on your symptoms.

Guidelines for Follow-Up Care after Primary Treatment for Colorectal Cancer

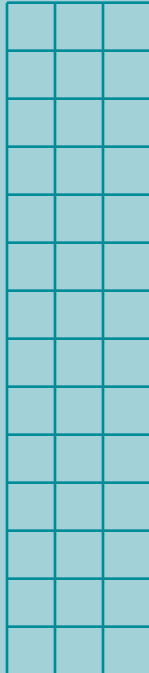
	1st Year	2nd Year	3rd Year	4th Year and On
Physical Examination	Every three to six months	Every three to six months	Every three to six months	Every year
Colonoscopy	Once*		Every three to five years	
CEA	Every two to three months	Every two to three months	As determined by your doctor	
Proctosigmoidoscopy	Every six to 12 months (for patients with stage II or stage III cancer who did not have pelvic radiation treatment), or as determined by your doctor			

**A colonoscopy should be done within the first year after primary treatment. If the examination shows no signs of recurrent tumor or polyps, a colonoscopy should be done every three to five years.*

As stated earlier, each person's situation is different, and you and your doctor will decide which of these tests are appropriate for you.

Tests Not Recommended by ASCO for *Regular* Follow-up Care

If you are in good physical condition and have no symptoms, some tests are not recommended for *regular* follow-up care. Research has shown that some of these tests may not always detect cancer when it is present, or may show signs of cancer when it is not present. Keep in mind, however, that some of these tests may be performed as part of a regular annual physical examination.





Liver function tests. Liver function tests involve blood tests to evaluate how well your liver is working.

Fecal occult blood test. A fecal occult blood test checks for blood in the stool.

Computerized tomography (CT) scan. CT scans use computers to create images of structures inside the body using a series of x-rays. CT scans may be used to evaluate the chest, abdomen, and pelvis for tumors.

Chest x-ray. An x-ray of the chest area can help detect tumors in the lungs.

Complete blood count (CBC). CBC is a blood test done to determine the hemoglobin level (the amount of oxygen in red blood cells), hematocrit level (the percentage of red blood cells in whole blood), the number of white blood cells, the number of platelets (cells that help blood to clot as necessary), and a differential (the percentage of several types of white blood cells).

Where can I get more information?

The original guidelines are published in ASCO's *Journal of Clinical Oncology* (J Clin Oncol Oct 15 2000: 3586-3558). For a copy of the guidelines, visit www.asco.org, call 703-299-0150, or send an e-mail to: guidelines@asco.org.

For more information about cancer, visit People Living With Cancer at www.plwc.org, ASCO's website for patients, families, and the public.

For more information about follow-up care for colorectal cancer, patients should speak directly with their doctor.

Resources

Many organizations offer support to people with cancer and their families. Ask your doctor or call your local hospital to find out about such groups in your community. In addition, these organizations can provide information or educational materials about colorectal cancer.

American Cancer Society

1599 Clifton Road, NE
Atlanta, GA 30329
800-ACS-2345 (227-2345)
www.cancer.org

Cancer Care, Inc.

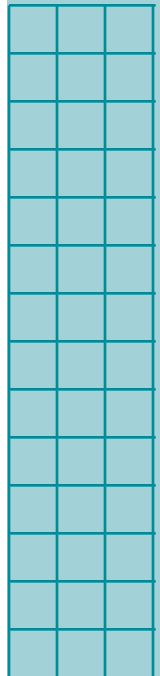
275 Seventh Avenue
New York, NY 10001
800-813-HOPE (4673)
www.cancercare.org

Colon Cancer Alliance

175 Ninth Avenue
New York, NY 10011
877-422-2030
www.ccalliance.org

Colorectal Cancer Association of Canada

60 St. Clair Avenue East, Suite #204
Toronto, ON M4T 1N5 Canada
888-318-9442
www.ccac-accc.ca



Colorectal Cancer Network

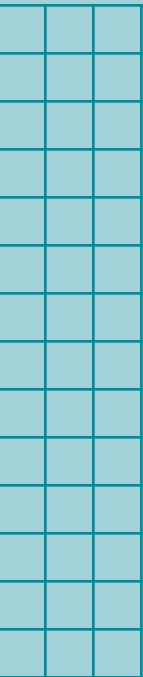
P.O. Box 182
Kensington, MD 20895-0182
301-879-1500
www.colorectal-cancer.net

Hereditary Colon Cancer Association

3601 N. 4th Ave, Suite 201
Sioux Falls, SD 57104
800-264-6783
www.hereditarycc.org

National Cancer Institute

NCI Public Inquiries Office, Suite 3036A
6116 Executive Boulevard, MSC8322
Bethesda, MD 20892-8322
800-4-CANCER (422-6237)
www.cancer.gov



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A Commitment to Service

Through charitable giving, friends of The ASCO Foundation can become partners in the effort to reach our goal: the progressive control and ultimate cure of cancer.

Types of Giving

Philanthropic funding of the educational programs is more important than ever. There are a number of ways to provide support for a better understanding and treatment of cancer.

Unrestricted gifts provide the flexibility needed to move quickly in unexpected directions in research and clinical applications, and help to cover the costs of ASCO critical services that are not entirely financed by other support.

Restricted gifts benefit specific programs of the donor's choosing in any of the ASCO initiatives in patient care and education.

Tribute gifts can be made as memorial tributes, remembrance gifts, or as a way of honoring the Society's membership.

For more information, please contact:

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People Living With Cancer

AN ASCO WEBSITE

www.plwc.org



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