The Colorectal Cancer Follow-up Care Patient Pathway should be used as a guide to your follow-up care. You may want to bring someone with you to your healthcare visits. A family member or friend can give you support and take notes. Your follow-up care may not include all the steps listed here. Talk to your healthcare team about what follow-up plan is best for you.

To view this pathway online, please visit www.cancercare.on.ca/patientpathway

Audience: This Patient Pathway is for people recovering from colorectal cancer, who have had treatment and are now cancer-free. More treatment may be necessary if the cancer comes back.

Definitions of the bold words can be found on the last page of the Patient Pathway. These are words that you may hear during your follow-up care.

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1 What is follow-up care?

You will have regular visits with your healthcare team after your cancer treatment. You may be tested to check whether the treatment worked as planned. Your healthcare team will also look for changes in your health.

Regular visits with your healthcare team may help to find a cancer recurrence early. Your healthcare team may look for signs that your cancer has returned or spread to another part of your body. He or she will also look for other types of cancer.

2 Signs and Symptoms to watch for

Tell your healthcare provider about symptoms that are new, are lasting a long time, or are getting worse. These could mean that the colorectal cancer has returned. Signs and symptoms may include:

- Colon cancer and rectal cancer may cause the same signs and symptoms.
- Pelvic pain
- Difficulty with urination or bowel movements
- Abdominal pain
- Dry cough
- Fatigue or nausea
- Unexplained weight loss
- Sciatica
Follow-up care timeline

This timeline will help to guide your progress over the next five years. Please share this with your healthcare team to make sure you receive proper follow-up care.

SIX MONTHS

- Medical history
- Physical examination
- Carcinoembryonic antigen (CEA) blood test

If you had rectal cancer and have not had pelvic radiation, you should have a rectosigmoidoscopy every six months for two to five years.

ONE YEAR

It is recommended that you have the following tests every year for three years.

- Abdominal CT scan
- Chest CT scan
- Pelvic CT scan is recommended on the same schedule if the primary tumour was found in the rectum

OR, depending on local resources and/or your preference,

- Chest X-ray
- Abdominal ultrasound
- Pelvic ultrasound

It is recommended that you have a colonoscopy one year after surgery. Otherwise, if a complete colonoscopy was not done during diagnosis and staging, a colonoscopy should be done within six months of completing cancer treatment. Your next colonoscopies will depend on the findings of your previous colonoscopy.

If your last colonoscopy was normal then your next colonoscopy should be in 5 years.
Common effects of treatment

You may not have side effects right after treatment but you may have them later on. If you experience these late side effects, your healthcare team can help you during your follow-up care.

**General**
- Fatigue
- Anxiety and/or depression

**Related to surgery**
- Frequent and/or urgent bowel movements or loose bowels – this gets better over the first few years
- Gas and/or bloating
- Hernia
- Increased risk of obstruction or bowel blockage due to scarring
- Changes to lifestyle for patients who received an ostomy

**Related to radiation**
- Skin changes, such as, colour, texture, and loss of hair
- Rectal ulceration and/or bleeding / radiation colitis
- Anal dysfunction / incontinence
- Pelvic pain or bowel blockage due to scarring
- Fertility problems
- Sexual dysfunction
- Secondary cancers in the area treated with radiation
- Weakening of the bones in the radiation field

**Related to medication**
- Numbness in fingers and toes
- "Chemo-brain," including difficulty with short-term memory and the ability to concentrate

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What you can do to look after your health
- Maintain an ideal body weight.
- Be active and exercise.
- Eat a healthy diet.
Definitions

**Carcinoembryonic Antigen (CEA)** – A test that measures the amount of CEA protein in your blood to show if treatment was successful and/or if cancer has returned.

**Colonoscopy** – A test that allows your healthcare provider to look at your large intestine and small intestine. During a colonoscopy, you may have a biopsy or masses removed.

**A Computed Tomography (CT) Scan** – A test that takes a series of detailed pictures of areas inside the body at different angles using a computer linked to an X-ray machine.

**Diagnosis** – The identification of an illness or other problem through tests or examination of symptoms.

**Healthcare Team** – Your healthcare team is the group of healthcare professionals who contribute to your follow-up care. It may be led by your family physician, oncologist, or nurse, and may include dieticians, social workers, physiotherapists, etc. depending upon your needs

**Hernia** – A condition where an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

**Incontinence** – Any involuntary leakage of urine or the involuntary excretion of bowel content.

**Radiation colitis** – An inflammation of the colon that is caused by radiation therapy.

**Ostomy** – A surgically created opening that connects an internal organ to the skin, often as a way for waste products to leave the body.

**Rectosigmoidoscopy** – A test that looks at the rectum and pelvic colon.

**Recurrence** – When cancer comes back after successful treatment.

**Sciatica** – Pain, which is often caused by the compression of a spinal nerve, that affects the back, hip and outer side of the leg.

**Treatment** – A session of medical care or medicine given to a patient for illness or injury.

**Staging** – This describes the severity of your cancer and whether it has spread or not. This is important because it helps your healthcare team to determine your treatment.

**Ultrasound** – An imaging test that uses sound waves to create pictures of organs and structures inside your body.

**X-ray** – An imaging test for diagnosis that makes images of the inside your body.

Resources

If you are viewing this on a computer, you can click on the underlined words below to go to the resource web page.

**Living Well Beyond Cancer**
*By: Canadian Cancer Society*

**Manage cancer related fatigue:**
*For people affected by cancer*
*By: Canadian Partnership Against Cancer (CPAC); Canadian Education Network (CPEN)*

**Support Services – Living with Colorectal Cancer**
*By: Colorectal Cancer Association of Canada*

**ColonCancerCheck**
*By: Ministry of Health and Long-Term; Cancer Care Ontario*

Colorectal Cancer Screening saves lives, please encourage your friends and family to get screened.

**Resources for Patients and Families**
*By: Canadian Partnership Against Cancer (CPAC)*