

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND® FOUNDATION</p>	Colorectal Guidelines for Surveillance	
	MaineHealth System	
	Original Date: 12-6-2017	Review Date: 12-18-19
MaineHealth Colorectal Work Group		

Stage I with full staging

Coordinating Provider is Medical Oncologist or PCP if no Medical Oncologist

History and Exam at 1 year

Colonoscopy at 1 year

- » Except if no preoperative colonoscopy due to obstructing lesion, then in 3-6 months
- » If advanced adenoma, repeat in 1 year and follow AGA guidelines
- » If no advanced adenoma repeat in 3 years, then every 5 years

Stage II

Coordinating Provider is Medical Oncologist for first 5 years. PCP after 5 years

H&P

- » Every 3-6 months for a total of 5 years

CEA

- » Every 3-6 months for a total of 5 years

Chest/abdominal/pelvic CT
(high risk patients)

- » Annually for 5 years, except for high risk (will be individualized for high risk patients)

Colonoscopy at 1 year

- » Except if no preoperative colonoscopy due to obstructing lesion, then in 3-6 months
- » If advanced adenoma follow AGA guidelines
- » If no advanced adenoma repeat in 3 years, then every 5 years

Stage III

Coordinating Provider is Medical Oncologist for first 5 years. PCP after 5 years

H&P

- » Every 3-6 months for a total of 5 years

CEA

- » Every 3-6 months for a total of 5 years

Chest/abdominal/pelvic CT
(high risk patients)

- » Annually for 5 years, except for high risk (will be individualized for high risk patients)

Colonoscopy at 1 year

- » Except if no preoperative colonoscopy due to obstructing lesion, then in 3-6 months
- » If advanced adenoma follow AGA guidelines
- » If no advanced adenoma repeat in 3 years, then every 5 years

Stage IV Curative

Coordinating Provider is Medical Oncologist for first 5 years. PCP after 5 years

Curative

H&P

- » Every 3-6 months for a total of 5 years

CEA

- » Every 3-6 months for a total of 5 years

Chest/abdominal/pelvic CT
(high risk patients)

- » Annually for 5 years, except for high risk (will be individualized for high risk patients)

Colonoscopy at 1 year

- » Except if no preoperative colonoscopy due to obstructing lesion, then in 3-6 months
- » If advanced adenoma follow AGA guidelines
- » If no advanced adenoma repeat in 3 years, then every 5 years

Palliative

Individualized, patient-specific treatment