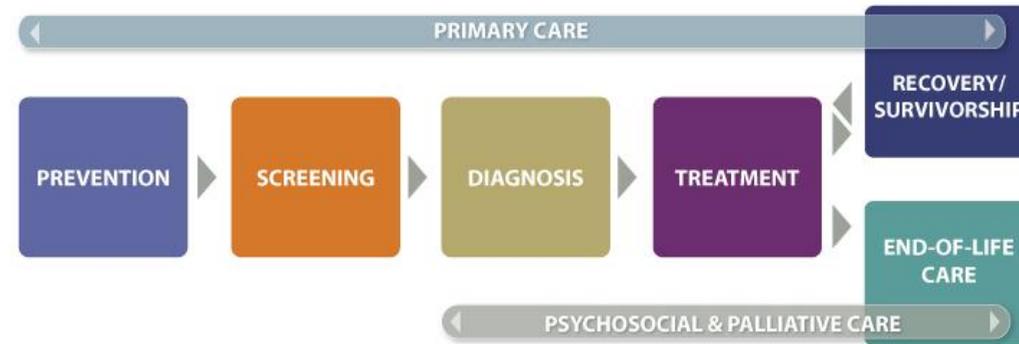


# Colorectal Cancer Follow-up Care Pathway

Disease Pathway Management Secretariat  
Version 2013.5

## The cancer journey

*Better cancer services every step of the way*



### Disclaimer

The Colorectal Cancer Follow-up Care Pathway (Pathway) is intended to be used for informational purposes only. While the Pathway represents an overview of the follow-up protocol for colorectal cancer survivors, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all cases are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway.

## Pathway Disclaimer

The Colorectal Cancer Follow-up Care Pathway (Pathway) is a resource that provides an overview of the follow-up protocol for colorectal cancer survivors. The pathway is only intended for primary adenocarcinoma and familial cancers (Lynch/non-Lynch) and cancers complicating inflammatory bowel disease are handled differently.

The information contained in this Pathway is intended for healthcare providers and other stakeholders in the cancer system, including administrators and organizers. **The Pathway is intended to be used for informational purposes only. While the Pathway represents an overview of the follow-up protocol for colorectal cancer survivors, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all cases are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway.**

The Pathway is **not** intended for patients. In the situation where the reader is a patient, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the Pathway. The information in the Pathway does not create a physician-patient relationship between CCO and the reader.

While care has been taken in the preparation of the information contained in the Pathway, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether expressed, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability. CCO and the Pathway’s content providers (including the physicians who contributed to the information in the Pathway) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Pathway or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Pathway does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the Pathway.

## Pathway Considerations

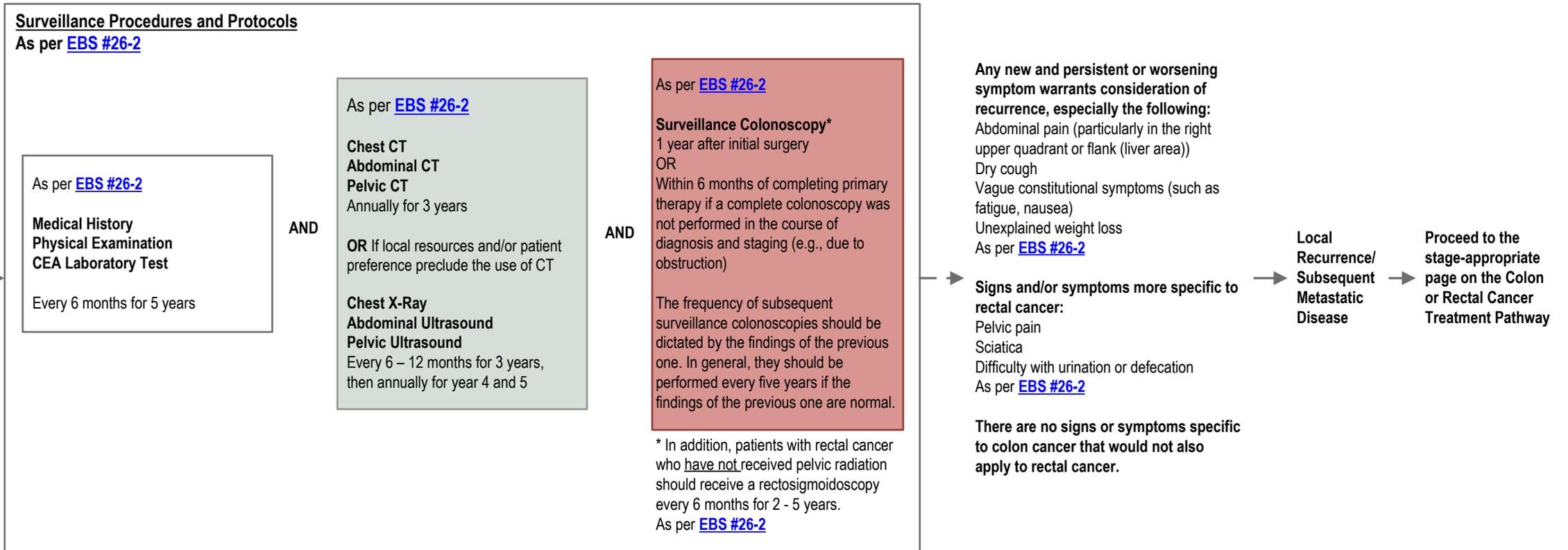
- The family physician should be informed of all tests and consultations. Usual ongoing care with the family physician is assumed to be part of the Pathway.

## Pathway Legend

	Primary Care Provider (Family Physician, Nurse Practitioner, Emergency Department Physician)
	Endoscopist
	Pathologist
	Diagnostic Assessment Program (DAP)
	Surgeon
	Radiation Oncologist
	Medical Oncologist
	Imaging
	Multi-disciplinary Cancer Conferences (MCC)
	Palliative Care and Psychosocial Oncology Team
	No Specific Specialist Designated
	Possible Action or Result
	Referral to
	Managing Physician at Pathway Entry Point

## Pathway Target Population

Colorectal cancer survivors: adult patients who have completed primary treatment for stage II or III disease and are without evidence of disease, but would potentially be candidates for further treatment if recurrence were detected. Whether these recommendations are extrapolated to stage I patients is left to the discretion of the healthcare provider.



\*\*For patients who have completed primary treatment for stage I colorectal cancer, the recommendations under Surveillance Colonoscopy are appropriate. However, the application of the imaging protocols are up to the discretion of the healthcare provider.