Guideline Resource Unit
guru@ahs.ca

Transfer of Care Letter

Colorectal Cancer

Physician

Cancer Care Alberta

https://www.albertahealthservices.ca/info/cancerguidelines.aspx

[DATE]

Re: Transfer of Care

Patient's surgical date was: [ARIA: Insert]

Dear Dr./NP _____,

Your patient [ARIA: Insert Name] has received treatment(s) for colorectal cancer at the Cancer Centre and is now being transitioned back to you for ongoing colorectal cancer surveillance in addition to their regular care.

The evidence-based recommendations below outline the standard follow-up procedures for colorectal cancer surveillance, and are intended to assist you in providing optimal colorectal cancer follow-up care for your patient; these recommendations are not intended to be a substitute for clinical judgment.

Surveillance for Colorectal Cancer Recurrence

Patients who have had colorectal cancer are at risk of developing metastatic disease. Metastatic disease from colorectal cancer that develops in the liver or lung may be amenable to surgical resection, which has the potential for cure and long-term survival. It is for this reason that we recommend the following investigations:

Schedule of Tests

Test	Year 1	Year 2	Year 3	Year 4	Year 5
CEA blood test*	every 3-6 months	every 3-6 months	every 3-6 months	every 6 months	every 6 months
CT scan**	√	√	√(optional)		
Colonoscopy**	√	Every 3 to 5 years as recommended by your endoscopist			

* CEA = carcinoembryonic antigen tumor marker

**CT scans (chest, abdomen, pelvis) and colonoscopies are performed around the anniversary date of your surgery

Colonoscopy should be performed within 1 year after surgery, and every 3-5 years thereafter, based on findings.

- Those with high risk hereditary genetic features (i.e. HNPCC, FAP) may require more frequent colonoscopy at the discretion of their surgeon or oncologist.
- In the event of an abnormal colonoscopy (i.e. polyps present), the intervals may be decreased at the discretion of the investigating physician.
- Fecal occult blood testing (FOBT) and/or fecal immunochemical test (FIT) should not be used for surveillance for new primary lesions or polyps.

If the CEA is elevated but less than 10, repeat in a month. If repeat CEA has increased further, evaluate for recurrence with physical exam and CT scan (chest, abdomen and pelvis). Elevation of CEA levels to above 10 are concerning for recurrence and require CT of the chest, abdomen and pelvis. If the CEA is elevated and continuing to increase, and the CT is negative, performing a PET/CT or referring back to the cancer center would be advisable.

Please be aware of these potential symptoms of colorectal cancer recurrence:

- Abdominal pain, especially in right upper quadrant or flank
- Worsening fatigue
- Nausea or unexplained weight loss
- Dry cough
- For rectal cancer: pelvic pain, change in urinary/bowel habits, sciatica

Patients presenting with recurrent disease, require referral back to the cancer centre. Please contact the oncologist who consulted with them.

Patient Support and General Recommendations

- Your patient has received a After Treatment Book

Counselling and Support: If you feel your patient would benefit from social, psychological or spiritual counselling, resources are available from the following sources (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

Calgary: 587-231-3570	Lethbridge: 403-388-6814	Other Communities visit www.ahs.ca/cpn and click: Provincial Cancer Patient Navigation
Edmonton: 780-643-4303	Medicine Hat: 403-529-8817	
Grande Prairie: 825-412-4200	Red Deer: 403-343-4485	

Healthy Lifestyle Recommendations: Your patient is encouraged to lead a healthy lifestyle.

At any time if you have any concerns or are in need of more information please call the **referring oncologist at XXX.**

We appreciate your partnership in caring for this patient.

Sincerely,
The Alberta Provincial Gastrointestinal Oncology Tumour Team