

Colon Cancer Surveillance in Patients with a Personal History: Referral Guidelines

Diagnosis/Definition

- Previous colon cancer.

Initial Diagnosis and Management

- Previous history of colon cancer.

Ongoing Management and Objectives

- Following patients with CEA is controversial, and in general is NOT recommended.
- Hemoccults are likewise NOT recommended between colonoscopies.

Indications for Gastroenterology Referral

- Colonoscopy ASAP if unable to clear the remainder of the colon of synchronous lesions pre-operatively.
- Colonoscopy should be repeated three years after the primary resection to exclude new lesions. Patients with multiple polyps found at the index colonoscopy should have their first follow-up colonoscopy at one year. Any symptoms or laboratory values that suggest recurrence should prompt colonoscopy prior to the third postoperative year. Regular surveillance should continue at three to five year intervals.

Criteria for Return to Primary Care

- Completion of colonoscopy