



Completeness of Surveillance after Resection for Stage II/III Colorectal Cancer

Ollek S, McFadden E, Gill D
University of Saskatchewan, Saskatoon SK

Introduction

Colorectal cancer (CRC) is the third most common cancer in North America. Five year overall survival rates (OS) for stage II and III cancer are 70% and 55% respectively. While two thirds of patients with local and regional disease undergo resection with curative intent, approximately 30% of patients with stage II and III cancer will develop recurrence.¹ Given the risk of recurrence, post operative surveillance is recommended. More intense surveillance may detect recurrences earlier and improve OS.^{2,3} However, adherence to the recommended surveillance is variable.⁴

Purpose

We aim to determine the proportion of patients at our center with resected stage II and III CRC who undergo complete surveillance at eighteen months.

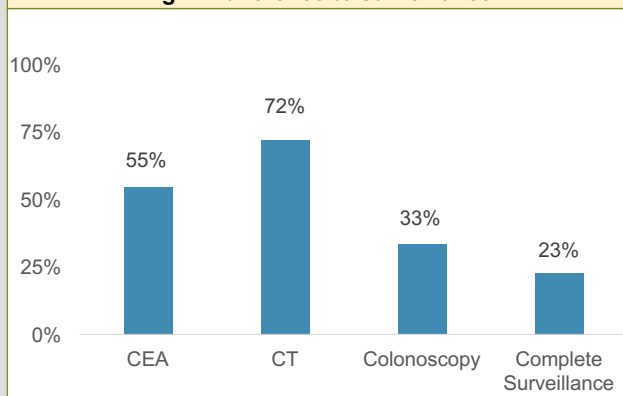
Methods

A retrospective study was performed. All patients who underwent resection of stage II or III CRC between January 1st and December 31st, 2014 were identified. Patients who had at least one CEA, one colonoscopy and one CT chest/abdomen/pelvis within eighteen months of surgery were considered to have had complete surveillance at one year.

Table 1

	Male	Female	Stage II	Stage III	Colon	Rectum
<i>n</i>	47	28	30	45	39	36

Fig 1. Adherence to surveillance



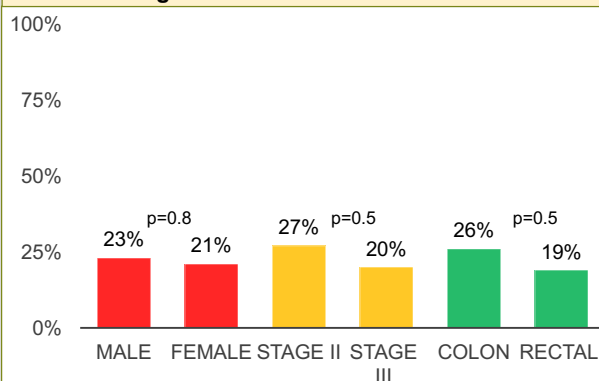
Results

A total of 75 patients were included in our study. Patients were excluded if they refused surveillance, were considered inappropriate for surveillance or deceased before 18 months. The distribution of patients by sex, stage, and site of primary is shown in **Table 1**.

At eighteen months, surveillance rates with CEA, CT scan and colonoscopy were 55%, 72% and 33% respectively (**Figure 1**). Overall, 23% of patients had the recommended surveillance at eighteen months.

There was no significant difference in rates of surveillance by sex, stage or site of primary tumor (**Figure 2**).

Fig 2. Adherence to surveillance



Conclusion

Initial adherence to surveillance after resection for stage II/III CRC is poor at our center, with fewer than 25% of patients receiving the complete recommended surveillance at eighteen months.

Given that more intense surveillance may improve OS, measures should be taken aimed at improving surveillance.

References:

- Tjandra J, Chan M. Follow-up after curative resection of colorectal cancer: a meta-analysis. *Dis Colon Rectum* 2007;50:1783-1799.
- Rodriguez-Moranta F et al. Postoperative surveillance in patients with colorectal cancer who have undergone curative resection: a prospective, multicenter, randomized, controlled trial. *J Clin Oncol* 2006;24(3):386-393.
- Pita-Fernández S, Alhayek-Ai M, González-Martin C, López-Calviño B, Seoane-Pillado T, Pértega-Díaz S. Intensive follow-up strategies improve outcomes in nonmetastatic colorectal cancer patients after curative surgery: a systematic review and meta-analysis. *Ann Onc* 2015;26(4):644-656.
- Rodriguez-Moranta F et al. Postoperative surveillance in patients with colorectal cancer who have undergone curative resection: a prospective, multicenter, randomized, controlled trial. *J Clin Oncol* 2006;24(3):386-393.