Follow up of colorectal ccancer

What are we really trying to do ?

Help ourselves?

Help our patients?

Helping ourselves

Individual patients
Data collection
local
national
global

Helping patients

- Data collection
- Clinical trials
- Improved cure rate?
- Improved survival?
- Better quality of life
- 62% of geriatric patients undergo curative surgery. Mortality 2%

Kirchgatterer A et al. Colorectal cancer in geriatric patients. World J Gastroenterol2005; 11: 315-8

Colorectal Cancer Follow up

Common – Affecting ~ 32000 new cases/17000 deaths per annum in UK

2/3 present with potentially curable disease

40-50% will relapse with metastases

Intensive Follow up

- Four Randomised trials published

- Kjeldsen etal . Prospective randomised study of follow up after radical surgery for CC. BJS 1997;84 666-669- No benefit of follow up , but intensive imaging not done
- 2. Makela etal. Five year follow up . Arch Surg 1995; 130: 1062-1067- liver imaging done,beneficial
- 3. Schoemaker et al. Yearly colonoscopy liver CT and CXR do not influence survival of colorectal cancer patients Gastroenterology 1998;114:7-14.- Curative hepatectomies much the same
- 4. Jeffrey etal Cochrane review. Small benefit from follow up

Objectives of follow up

- Remove polyps and metachronous CA
- To detect Local recurrence
- Metastases-liver (40% 5 year survival after R0 resection) and lung same. But only 20% of patients are suitable
- Improvement in quality of life

Colorectal Cancer Follow up

- Liver
- 58% actuarial 5 year survival
- FDG Pet scanning (Fernandez 2004)

- Lung
- 39% actuarial 5 year survival
- (Vogelsang 2004)

Cost-Effectiveness

- Surveillance vs. Intervention
- Cost per life year gained by hospital follow up is 9000£, compared with combined 5000£

Local Plan

- Further Treatment Inappropriate:
- No Follow up (one visit only)

- Further Treatment Realistic
- i.e.Salvage Surgery +/- Chemotherapy
- Intensive Follow up

Follow Up Plan

- Serum CEA 4 monthly
- Clinical Examination 6 monthly
- Colonoscopy at 18 months
- CT at 18 months

Keeping Local Recurrence Rates Low !

- Good Pre-Operative Staging
- Appropriate Pre-Op Treatment
- Good Surgery !

FACS Trial

- March 2004 to Feb 2011
- 3 years recruitment and median follow up of 5 years
- 4760 patients needed to detect a 4% improvement in survival in either arm

Arms of FACS trial

- Group1: Symptomatic follow up in primary care
- Group 2: CEA /3 months for 2 years, then every 6 months for 3 years (primary care)
- Group 3: CT every 6 months for 2 years, then annually for 3 years
- Group 4: Combination of group 2 and 3
- In addition all groups will have colonoscopy at year 5 and 3 and 4 at year 2 as well
- Ammendment: CT at 18 months for 1 and 2 if surgeon wishes

Gilda trial

- 489 patients randomised to less intensive and more intensive arms.
- Follow up 14 months
- As of Feb 2004 relapses and deaths are same in both arms