

## Adherence to Surveillance Guidelines after Curative Resection for Stage II and III Colorectal Cancer (CRC)

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**Background:** The risk of disease recurrence in stage II and III CRC patients (pts) following curative resection underscores the need for post-operative surveillance. However, there is continual controversy as to whether an intensive or conservative strategy is more appropriate. Our aims were to determine adherence in the “real world” to ASCO guidelines on CRC surveillance and to evaluate differences in practice patterns and outcomes between an academic institution (Princess Margaret Hospital; PMH) and a community cancer hospital (Credit Valley Hospital; CVH).

**Methods:** Stage II and III CRC pts diagnosed between 1999-2001 were identified from hospital cancer registries. Surveillance practices and outcomes in the first 5 years of follow-up were retrospectively reviewed.

**Results:** A total of 244 and 97 pts were identified at PMH and CVH, respectively: 80 stage II and 119 stage III colon cancers (CC) and 66 stage II and 76 stage III rectal cancers (RC). Median age at diagnosis was 61.8 years. Surveillance patterns over a 5-year period, adherence to ASCO guidelines and comparisons between hospitals were tabulated (see table). There were a total of 70 CRC recurrences: 53/244 (22%) at PMH and 17/97 (18%) at CVH. Among them, 53 (76%) were detected by surveillance (44 PMH, 9 CVH) and 17 (24%) by symptoms (9 PMH, 8 CVH). For recurrences detected by surveillance, 20/53 (38%) were resectable, whereas only 3/17 (18%) of those detected by symptoms were resectable. Of the 20 resectable recurrences detected by surveillance, 40% were CC and 60% were RC, CT scan was the method of detection in 55% of cases, and sites of recurrence included liver (7), lung (6), local (5) and nodes (2).

**Conclusions:** CRC surveillance revealed significant departures from ASCO guidelines with a large academic institution employing a more intensive surveillance strategy with imaging than a community cancer centre. Surveillance was associated with a higher proportion of resectable tumor recurrences than detection by symptoms.

	*ASCO Guidelines:	Median Number Performed:			Percentage (%) of Patients With Surveillance:			
		PMH	CVH	p-value	Below Recommendations		Above Recommendations	
					PMH	CVH	PMH	CVH
Clinic Visits	8-14	11	9	<0.001	22.5	22.7	16.8	0
CEA	8-30	9	9	0.67	40.9	28.9	0	0
CBC	NRR	7	9	0.011	–	–	94.3	99.0
LFT	NRR	7	9	0.001	–	–	91.4	100
Chest XR	NRR	1	0	<0.001	–	–	70.4	37.1
Chest CT	NRR	0	0	<0.001	–	–	41.8	14.4
Abdo CT	NRR	4	0	<0.001	–	–	92.6	38.1
Pelvic CT	NRR	3	0	<0.001	–	–	91.4	34.0
Colonoscopy	1	2	2	0.43	14.8	3.1	66.8	76.3

\*Recommended number of visits/tests as per 2000 ASCO Guidelines over the first 5-year period of surveillance; LFT: liver function tests; XR: x-ray; NRR: not routinely recommended; –: not applicable.