Colon Cancer

Initial Staging prior to resection

CT Chest, Abdomen and Pelvis

- MRI of abdomen and Pelvis if IV contrast is contraindicated, CT chest without contrast is acceptable
- PET is NOT routinely indicated

Surveillance Imaging

No Metastatic Disease Known (for Stage II and Stage III Disease)

- CT Chest, Abdomen and Pelvis yearly for three years
- PET is NOT routinely recommended

Metastatic disease suspected or proven

- CT Chest, Abdomen and Pelvis
- MRI if there is consideration of resecting liver metastases
- PET if surgical attempt at cure is considered

CEA Rising

- CT Chest, Abdomen and Pelvis (may repeat after 3 months if negative) OR
- PET if CT negative

References

1. NCCN Practice Guidelines in Oncology v.3.2012 Colon Cancer accessed 08/22/2012
2. NCCN Practice Guidelines in Oncology v.2.2010 Colon Cancer accessed 04/27/10
3. NCCN Practice Guidelines in Oncology v.2.2010 Colon Cancer accessed 04/27/10
4. Christopher E. Desch, Al B. Benson III, Mark R. Somerfield , Patrick J. Flynn, Carol Krause, Charles L. Loprinzi, Bruce D. Minsky, David G. Pfister, Katherine S. Virgo, and Nicholas J. Petrelli; Colorectal Cancer Surveillance: 2005 Update of an American Society of Clinical Oncology Practice Guideline; Journal of Clinical Oncology, Vol 23, No 33 (November 20), 2005: pp. 8512-8519
5. Figueredo A, Rumble RB, Maroun J, Earle CC, Cummings B, McLeod R, Zuraw L, Zwaal C, Gastrointestinal Cancer Disease Site Group of Cancer Care Ontario's Program in Evidence-based Care. Follow-up of patients with curatively resected colorectal cancer: a practice guideline. BMC Cancer. 2003 Oct 6; 3:26. Epub 2003 Oct 6.