Effective Health Care

Intensity of Surveillance Programs for Patients with Resectable Colorectal Cancer Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Ongoing research or activities are underway that impact the timing for developing this topic. Therefore, intensity of surveillance programs for patients with resectable colorectal cancer will be revisited in the future when more data becomes available.

Topic Description

Nominator: Organization

Nomination Summary: The original nomination was for a systematic review of imaging procedures for surveillance for resectable breast, colorectal, and non-small-cell lung cancers. Based on the broad scope of this topic, additional feedback was sought from the nominator who confirmed that guidelines for colorectal cancer surveillance contain the most variation and uncertainty in the recommendations.

Staff-Generated PICO- Comparative effectiveness of surveillance programs in colon cancer
Population(s): Patients without clinical evidence of disease after completing primary therapy for resectable colon cancer, at average or elevated risk of recurrence (with separate comparisons for each risk group wherever feasible), undergoing surveillance for recurrence and new primary tumors
Intervention(s): History and physical examination; laboratory tests (e.g., carcinoembryonic antigen (CEA); imaging procedures (e.g., computed tomography (CT) of the chest, abdomen or pelvis, 18FDG-positron emission tomography (PET) with or without CT, abdominal ultrasound); colonoscopy; sigmoidoscopy
Comparator(s): Different combinations of the above interventions
Outcome(s): Overall survival (OS); disease-specific survival; progression-free survival; time to detection of recurrences, and proportion of recurrences, hepatic metastases, and new primary tumors amenable to curative treatment; changes in treatment plan; HR-QOL; harms and costs of follow-up (with separate analyses for subgroups defined by risk of recurrence wherever possible)

Staff-Generated PICO- Frequency of surveillance in colon cancer
Population(s): Patients without clinical evidence of disease after completing primary therapy for resectable colon cancer, at average or elevated risk of recurrence (with separate comparisons for each risk group where feasible), undergoing surveillance for recurrence and new primary tumors

Intervention(s): More frequent surveillance strategies (i.e., shorter intervals between tests)
Comparator(s): Less frequent follow-up strategies (i.e., longer intervals between tests)
Outcome(s): Overall survival (OS); disease-specific survival; progression-free survival; time to detection of recurrences, and proportion of recurrences, hepatic metastases, and new primary tumors amenable to curative treatment; changes in treatment plan; HR-QOL; harms and costs of follow-up (with separate analyses for subgroups defined by risk of recurrence wherever possible)

Staff-Generated PICO- Comparative effectiveness of surveillance programs in rectal cancer
Population(s): Patients without clinical evidence of disease after completing primary therapy for resectable rectal cancer, at average or elevated risk of recurrence (with separate comparisons for each risk group wherever feasible), undergoing surveillance for recurrence and new primary tumors
Intervention(s): History and physical examination; laboratory tests (e.g., CEA); imaging procedures (e.g., CT of the chest, abdomen or pelvis, 18FDG-positron emission tomography (PET) with or without CT, abdominal ultrasound); colonoscopy; flexible or rigid proctosigmoidoscopy
Comparator(s): Different combinations of tests
Outcome(s): Overall survival (OS); disease-specific survival; progression-free survival; time to detection of recurrences, and proportion of recurrences, hepatic metastases, and new primary tumors amenable to curative treatment; changes in treatment plan; HR-QOL; harms and costs of follow-up (with separate analyses for subgroups defined by risk of recurrence wherever possible)

Staff-Generated PICO- Frequency of surveillance in rectal cancer
Population(s): Patients without clinical evidence of disease after completing primary therapy for resectable rectal cancer, at average or elevated risk of recurrence (with separate comparisons for each subgroup wherever feasible), undergoing surveillance for recurrence and new primary tumors
Intervention(s): More frequent surveillance strategies
Comparator(s): Less frequent follow-up strategies
Outcome(s): Overall survival (OS); disease-specific survival; progression-free survival; time to detection of recurrences, and proportion of recurrences, hepatic metastases, and new primary

Key Questions from Nominator:

1. For patients with breast, colorectal, and lung cancers, what is the comparative effectiveness for improving net health outcome of more versus less frequent follow-up imaging to monitor for recurrence or disease progression?

Considerations

- The topic meets all Effective Health Care (EHC) Program appropriateness and importance criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)

- Surveillance after treatment for resectable colorectal cancer is a complex set of issues with multiple variables that influence choice of test combination(s) and interval(s). Results of large, ongoing clinical trials are beginning to emerge that should help inform clinicians, patients, and other decision makers on some aspects of surveillance in colorectal cancer. It appears that a review on this topic would be most impactful when the results of these ongoing trials are available for inclusion in a systematic review. These trials are currently scheduled for completion in 2013-2015, and this topic will be revisited after the results of these trials are available. The ongoing trials include:

    - The Assessment of Frequency of Surveillance After Curative Resection in Patients With Stage II and III Colorectal Cancer (COLOFOL) study (NCT002255641). Anticipated completion is December 2015. More details on this trial can be found at: http://ClinicalTrials.gov/show/NCT00225641.
    - A Randomised Controlled Trial to Assess the Cost-effectiveness of Intensive Versus no Scheduled Follow-up in Patients Who Have Undergone Resection for Colorectal Cancer With Curative Intent. (FACS - Follow-up After Colorectal Surgery) (NCT00560365). Preliminary results were presented at the ASCO 2011 Annual Meeting (Primrose 2011). Final analysis is planned in 2013. More details on this trial can be found at: http://ClinicalTrials.gov/show/NCT00560365.
    - Follow-up care with or without CEA assessments in patients who have undergone surgery for stage II or stage III colorectal cancer (Dijon, France) (NCT00995202). Anticipated completion is December 2013. More details on this trial can be found at: http://ClinicalTrials.gov/show/NCT0099520.
    - A multicentre randomized trial of intensive versus minimalist strategy in the follow-up of patients with resected Dukes B-C colorectal carcinoma -- The Gruppo Italiano di Lavoro per la Diagnosi Anticipata (GILDA) trial. More details on this trial can be found at: http://crc.marionegri.it/protocols/protocol.pdf.