Colorectal Cancer Surveillance via the Colorectal Surveillance Programme Standard Operating Procedure UHL CHUGGS LocSSIP University Hospitals of Leicester

Trust Reference C76/2019

1. Introduction and who this Standard Operating Procedure applies to

Stratified follow-up is an approach to steering individuals onto the best pathway to address their specific needs. It has a focus on promoting wellbeing, recovery and empowerment to provide individuals with the information and confidence to have an active role in their care.

The overall aim of the approach is to improve patient experience and outcomes. Improving quality of care, by tailoring aftercare and embedding supported self-management within the cancer pathway.

Implementation of stratified follow-up with a focus on self-management reduces the frequency of hospital based follow-up appointments and supports individuals to live well after treatment.

The purpose of the Colorectal cancer surveillance protocol is to remotely monitor patients for the early detection of recurrent or metastatic colorectal cancer following treatment for colorectal cancer. Patients are monitored through a standardised, consultant agreed and nationally recognised plan of investigations.

2. Guideline Scope

Patients are identified as suitable to enter the Surveillance programme following MDT discussion and/or consultant review. The relevant surveillance plan will be documented in the medical records at time of consultant review post treatment.

Patients details are entered onto an electronic database. (Excel spreadsheet) This database is stored on the stoma data drive, which has access limited to the colorectal nursing team and the colorectal cancer surveillance administrator.

Data collected includes Hospital Number, Surname, First Name, Responsible Consultant, Preoperative therapy, Type of surgery, Date of Surgery, Any evidence of metastatic disease at time of presentation, TNM staging, presence/lack of stoma, possibility of reversal of stoma, full colonoscopy completed or not, adjuvant treatment or not.

This will be monitored by the CNS team and Colorectal Cancer Surveillance Administrator.

Refer to surveillance plan flowcharts in Appendices

This document applies to Colorectal Clinical Nurse Specialists (CNS) and the Colorectal Cancer Surveillance Administrator.

3. Duties (Roles and Responsibilities)

The Consultant, CNS and Stratified Pathway Co-ordinators must attend the weekly tumour group Multi-Disciplinary Team meeting or send a deputy in their absence.

The Consultant and CNS have a post surgery clinical appointment with the patient where the follow up plan is fully discussed and explained. The final decision to be added to a surveillance pathway lies with the managing consultant.

The Colorectal Surveillance Administrator will monitor the IT systems and co-ordinate scheduling of tests, ensuring all patients receive notification of tests.

The Stratified Pathway Co-ordinators monitor attendance for planned tests and communicate to the Consultant and CNS when they need to review results.

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3. Education and Training

All Colorectal Clinical Nurses and the Colorectal Surveillance Administrator require access to and knowledge of relevant reporting systems to obtain result for entry on to the database. These include but are not limited to: ICris, ICE, ILab, GI reporting Tool, patient centre and HISS. Staff will attend the relevant training necessary to access these systems.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Test required are requested at the correct point in pathway	Manual quality checking of the surveillance database	Colorectal Nurse Manager and Colorectal Surveillance Administrator	Monthly	Cancer Information System
All patients are entered correctly on to the surveillance database and discharged where appropriate	Manual Audit of patient records	Colorectal Nurse Manager and Colorectal Surveillance Administrator	Annually	Internal Audit

5. Supporting References

ACPGBI Guidelines for the Management of Cancer of the Colon, Rectum and Anus (2017)

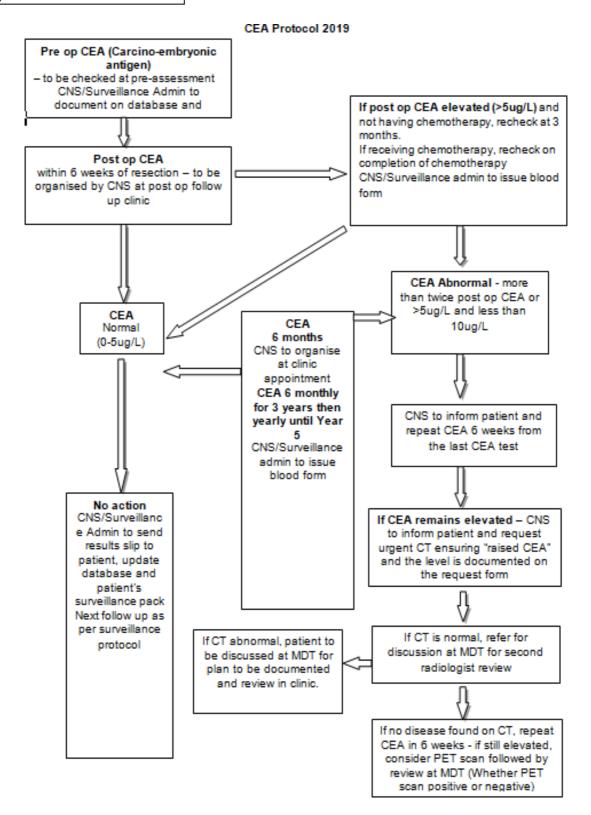
6. Key Words

Colorectal Surveillance

CONTACT AND RI	
Guideline Lead: Jacquette Masterman (Colorectal Nurse Manager)	Executive Lead: Mr Sanjay Chaudhri (Colc Consultant)
Details of Changes made during review:	

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Appendix 1 – CEA Protocol

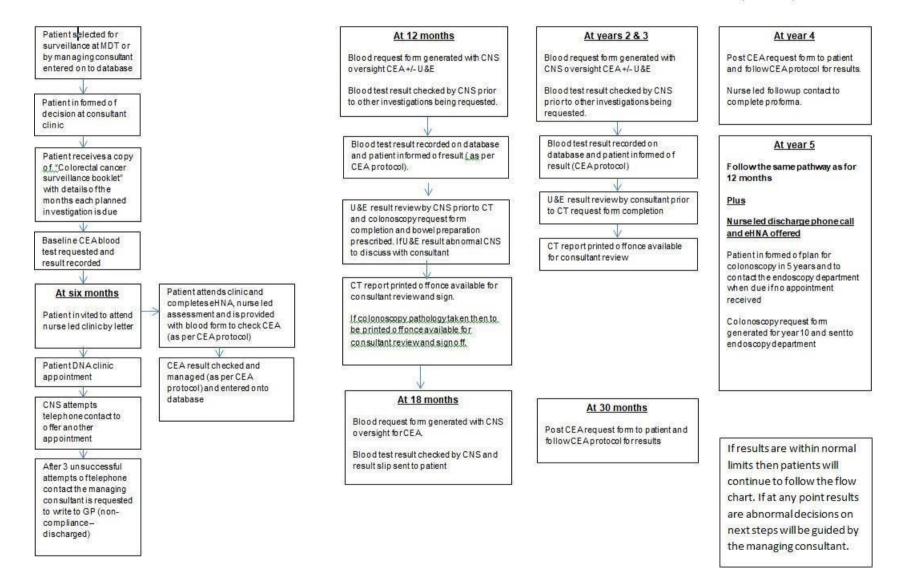


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Appendix 2 – Standard Colorectal Surveillance

Colorectal Surveillance plan (Standard)

Colorectal standard surveillance plan V1 Sept 19



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COLORECTAL CANCER SURVEILLANCE PLAN

University Hospitals of Leicester NHS Trust

In Partnership with SecuriCare Medical LTD Version 5 Aug 2016 LE,SA ,LL,JM

Consulta	ant			Name		
Operatio	on			Hospital number		
				Date of Birth		
Date of	operation	I		Phone Number		
Histolog	У					
Entire C	olon scre	ened pre-op Y / N		Colonoscopy Date	9	
Lung	Liver	Other		Stoma	Reversal Date	
Pre ope	rative Tre	eatment required Y/ N		Post operative tre	atment required Y / N	
Date Co	ommence	d		Date Commenced	I	
Nurse le	ed appt	INVESTIGATION	DATE DUE	COMPLETED	OUTCOME / RESULT	
12 MONTHS		Colonoscopy				
D/B	Form					
12 MON		CT Thorax				
D/B	Form	abdomen and pelvis				
2 YEAR	S	CT Thorax				
D/B	Form	abdomen and pelvis				
3 YEAR D/B	S Form	CT Thorax abdomen				
D/B	FOIII	and pelvis				
4 YEARS		Nurse led follow up				
D/B	Form	contact				
		CT Thorax				
5 YEARS D/B Form		abdomen and pelvis				
0,0		Colonoscopy				
To check and hand form in		Request year 10 colonoscopy				

Name.....

Hospital No.....

		Date Due	Date completed	Result	Date results slip sent	Actions
Pre op						
	D/B					
Post o	р					
	D/B					
6 mon	ths					
	D/B					
12 mo	nths					
	D/B					
18 mo	nths					
	D/B					
2 year	S					
	D/B					
2 ½ ye	ears					
	D/B					
3 year	S					
	D/B					
4 year	S					
	D/B					
5 year	s					
	D/B					

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Appendix 3 – Colonic and Rectal Polyps Surveillance

Patient selected for polyp	Three months	Six months	Twelve months	Eighteen months	Two Years
can cer surveillance at MDT or by managing consultant entered on to database	Blood request form generated with CNS authorisation for U&E (if colonoscopy required)	Administrator to book colorectal nurse led clinic appointment at request of CNS.	Blood request form generated with CNS authorisation of CEA+/- U&E	Blood request form generated with CNS authorisation of CEA CNS to inform the patient of all	Blood request form generated with CNS authorisation of CEA+/- U&E
Patient in formed of decision at consultant clinic	Blood test result checked by CNS prior to other investigations being requested. U&E result review by consultant prior to colonoscopy request form completion and bo wel preparation prescribed. Endoscopy	CNS to request CEA at time of clinic appointment. In the event, the patient has a phone consultation in place of attending clinic a CEA request will be sent to patient by post. CNS to complete eHNA nurse led assessment	Blood test result checked by CNS prior to other investigations being requested. U&E result review by consultant prior to colonoscopy request form completion and bowel preparation prescribed. Endoscopy	results. Database to be updated by CNS / administrator	Blood test result checked by CNS prior to other in vestigations being requested. <u>Imaging</u> CT request will be completed by the
Patient receives a copy of Colorectal cancer surveillance booklet" with details of forthcoming planned investigation is due Baseline CEA blood test requested and result recorded	If a patient has not had a clean colon prior to treatment, a colonoscopy must be requested. If original polyp was located within the colon then a colonoscopy request to be completed. If original polyp was located in the rectum then a flexible sigmoidoscopy will be requested. Either request must have a close surveillance sticker attached and be allocated a date on a dedicated endoscopy close surveillance list. Endoscopy report printed offonce available. If pathology taken then result to be printed offor con sultant sign off	CNS to inform the patient of all results. Database to be updated by CNS / administrator	A Colonoscopy will be requested Endoscopy report printed offonce available for consultant review Imaging CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department. CT report printed offonce available for consultant review. When endoscopy, CT report and, CEA result available please, forward to consultant for signing, CNS to inform the patient of fall results.		consultant and reviewed by the CNS prior to handing into the radiology department CT report printed offonce available for consultant review. CNS to inform the patient of all results. Database to be up dated by CNS / administrator
In the event a patient DNA's planned appointments the following actions must be taken CNS attempts telephone contact three times to offer another appointment. In the event this is un success ful the managing consultant is requested to write to patient and GP	results. Database to be updated by CNS / administrator		Database to be updated by CNS / administrator		

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			CRC Colonic and Rectal polyp	s (RO)Surveillance V1 July 2019
Two and half years	Three Years	Four Years	Five Year	
Blood request form generated with CNS authorisation of CEA CNS to inform the patient of all results. Database to be updated by CNS / administrator	Blood request form generated with CNS authorisation of CEA+/- U&E Blood test result checked by CNS prior to other investigations being requested. Imaging A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department. CT report printed of fonce available for consultant review. CNS to in form the patient of all results. Database to be updated by CNS/ administrator	Blood request form generated with CNS authorisation of CEA+/- U&E Blood test result checked by CNS. U&E result reviewby consultant prior to colonoscopyrequest form completion and bowel preparation prescribed Endoscopy A colonoscopy will be requested. Imaging No Imaging required Following colonoscopy CNS to contact the patient, in form the patient of CEA result and complete colorectal followup pro forma Database to be updated by CNS / administrator	Blood request form generated with CNS authorisation of CEA+/-U&E Blood test result checked by CNS prior to other investigations being requested. Imaging A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department. CT report printed offonce available for consultant review. Discharge summary to be completed by the managing consultant and in dude the next step. CNS to inform the patient of all results. If con sultant requests furth er end os copy CNS/ administrator to check request is waiting list active before discharging from the database Database to be up dated by CNS/ administrator.	

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COLONIC and RECTAL (RO) MALIGNANT POLYP CANCER SURVEILLANCE PLAN

Consultant						Name		
Site of p	olypecto	omy				Hospital ı	number	
		-				-		
	<u> </u>							
	polypect	tomy				Date of B	lirth	
Histolog	ју							
Entire C	Colon scr	eened pre-op Y / N		Colonos	copy/	CTC date		
Date C	Γ staging	completed						
				Post ope	erative	e treatment	t required Y / N	
				Date Co			·	
		I I						
		INVESTIGATIO	D	DUE		IPLETE	OUTCOME / RESULT	
		N			D			
3 MON	THS	Endoscopy						
D/B	Form	(flexi/colon)						
0/0		Assess Scar						
6 MON	THS	Endoscopy						
if risk strat		(flexi/colon)						
identified a		Assess Scar						
D/B	Form							
		Nurse Led						
	Clinic							
		Colonoscopy					-	
12 MON	NTHS	CT Thorax						
D/B	Form	abdomen						
D/D	FOIII	and pelvis						
2 YEAR	RS	CT Thorax						
D/B	Form	abdomen						
		and pelvis						
3 YEARS		CT Thorax						
D/B	Form	abdomen						
2,0		and pelvis						
		Colonoscopy						
4 YEARS		and phone						
D/B	Form	consultation						
-								
5 YEAR	20	CT Thorax						
D/B	Form	Abdomen and						
DID	1 UIII							
		Pelvis						

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CEA RESULTS

		DUE	Date completed	Result	Date results slip	Actions
					sent	
Pre op)					
	D/B					
Post o						
	D/B					
6 mon	ths					
	D/B					
12 mo	nths					
	D/B					
18 mo	nths					
	D/B					
2 year	S					
	D/B					
2 ½ ye	ears					
	D/B					
3 year	S					
	D/B					
4 year	S					
	D/B					
5 year	S					
	D/B					

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Patient selected for close	Three months	Six months	Nine months	Twelve months	Eighteen months
surveillance at MDT or by managing consultant entered on to database	Blood request form generated with CNS authorisation of CEA +/- U&E	Blood request form generated with CNS authorisation of CEA +- U&E	Blood request form generated with CNS authorisation of CEA +- U&E	Blood request form generated with CNS authorisation of CEA +/- U&E	Blood request form generated with CNS authorisation of CEA
Patient informed of	Blood test result checked by CNS prior to other in vestigations being requested.	Blood test result checked by CNS prior to other in vestigations being requested.	Blood test result checked by CNS prior to other in vestigations being requested.	Blood test result checked by CNS prior to other in vestigations being requested.	Blood test result checked by CNS prior to other in vestigations being requested.
decision at consultant clinic	Endoscopy	Endoscopy	Endoscopy	U&E result review by consultant prior to colonoscopy request form	A TOP SPECIAL CONTRACTOR
	If a patient has not had a clean	A flexible sigmoidoscopy will be	A flexible sigmoidoscopy will be	completion and bowel preparation	Endoscopy
	colon prior to treatment, a colonoscopy must be requested.	requested and bowelprep prescribed by consultant (enema).	requested and bowelprep prescribed by consultant (enema).	prescribed.	A flexible sigmoidoscopy will be requested and
	If a colonoscopywas completed then a flexible sigmoidoscopywill	A close surveillance sticker must be attached. Patient to be	A close surveillance sticker must be attached. Patient to be	Endoscopy	bowel prep prescribed by consultant (enema) and
Patient receives a copy of 'close Colorectal cancer	be requested. Either request must have a close surveillance sticker	allocated a date on a dedicated endoscopyclose surveillance list.	allocated a date on a dedicated endoscopyclose surveillance list.	A Colonoscopy will be requested and must have a close	must have a dose surveillance sticker
surveillance booklet' with details of forthcoming	attached, bowel preparation prescribed and be allocated a	Endoscopyreport printed off once	Endoscopyreport printed off once	surveillance sticker attached Patient to be allocated a date on	attached .Patient to be allocated a date on a
planned in vestgation is due	date on a dedicated endoscopy close surveillance list.	a vailable for consultant review	available for consultant review	a dedicated endoscopyclose surveillance list	dedicated endoscopyclos surveillance list
	Endoscopyreport printed off once	Imaging	Imaging	Endoscopyreport printed off once	Endoscopyreport printed
	a vailable for consultant review	A M RI and CT request will be completed by the consultant and	A M RI request will be completed by the consultant and reviewed	available for consultant review	off once available for consultant review
Baseline CEA blood test	Imaging	reviewed by the CNS prior to handing into the radiology	by the CNS prior to handing into the radiology department.	Imaging	Imaging
requested and result recorded	An MRI request will be completed by the consultant and reviewed	department	MRI report printed offonce	An MRI and CT request will be completed by the consultant and	An MRI request will be
lecolded	by the CNS prior to handing into the radiology department.	MRI and CT report printed off once available for consultant	available for consultant review.	reviewed by the CNS prior to handing into the radiology	completed by the consultant and reviewed b
	MRI report printed offonce	review.	When endoscopyreport, MRI report and CEA result available	department	the CNS prior to handing into the radiology
	available for consultant review.	When endoscopy, MRI and CT reports and CEA result a vailable	please refer for discussion at MDT	MRI and CT report printed off once a vailable for consultant	department.
	When endoscopyreport, MRI report and CEA result available	please refer for discussion at	CNS to inform the patient of all	review.	MRL report printed offonos available for consultant
In the event a patient DNA's planned	please refer for discussion at	And the second second second second	results.	When endoscopy, MRI and CT	review.
appointments the following actions must be	MDT	When CNS available, to attend endoscopyto complete eHNA	Database to be updated by CNS/	reports and CEA result a vailable please refer for discussion at	CNS to inform the patient
taken	CNS to inform the patient of all results.	nurse led assessment	administrator	MDT	of all results.
CNS attempts telephone contact three times to offer	Database to be updated by CNS/	CNS to inform the patient of all results.		CNS to inform the patient of all results.	Database to be updated by CNS / administrator
another appointment. In the event this is unsuccessful the managing consultant is requested to write to patient and GP	administrator	Database to be updated by CNS/ administrator		Database to be updated by CNS/ administrator	

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Two Years Two and half years Three Years Blood request form Blood request form Blood request form generated with CNS Blood request form generated with CNS authorisation of CEA +/- U&E	
generated with CNS generated with CNS with CNS authorisation of	
U&EU&EU&EBlood test result checked by CNS prior to other in vestigations being requested.Blood test result checked by CNS prior to other in vestigations being requested.Blood test result checked if prior to other investigation requested.EndoscopyA fexible sigmoidoscopy will be requested and bo wel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.A fexible sigmoidoscopy will be requested and bo wel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.A fexible sigmoidoscopy will be requested and bo wel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.Endoscopy report printed offonce available for consultant reviewAn MRI and CT request will be consultant and reviewed by the CNS prior to handing into the radiology department.An MRI request will be consultant and reviewed by the CNS prior to handing into the radiology department.MRI report printed offonce available for consultant review.MRI and CT report printed offonce available for consultant review.MRI report printed offonce available for consultant review.Database to be updated by consultant review.Database to be updated	authorisation of CE A+/- U&E Blood test result checked by CNS prior to other investigations being requested. Blood test result checked by (prior to other investigations being requested. ill be Endoscopy requested. Endoscopy A Flexible sigmoidoscopy will be requested and must have a close surveillance sticker attached and bowel preparation prescribed iew Endoscopy will be requested and must have a close surveillance sticker attached and bowel preparation prescribed endoscopy close surveillance list. Endoscopy report printed off available for consultant review imaging Ilbe tt and to Endoscopy report printed off once iew Endoscopy report printed off once available for con sultant review Endoscopy report printed off once available for con sultant review Imaging that did to A CT request will be completed by the completed by the consultant and reviewed by the CNS prior to handing into the radiology department. CT report printed off once available consultant and reviewed by the ensultant eview. off ensultant ensultant eviewed by the ensultant eviewed by the ensultant eviewed by the ensultant eviewed by the man aging consultant an include the next step. t

Four Years	Five Year
Blood request form generated with CNS authorisation of CEA+/-	Blood request form generated with CNS authorisation of CEA+/-U&E
U&E	Blood test result checked by CNS prior to other investigations being
Blood test result checked by CNS prior to other	requested.
in vestigations being requested.	Endoscopy A colonoscopy will be requested and
<u>Endoscopy</u>	bo wel prep prescribed by consultant. A close surveillance stickermust be
A Flexible sigmoidoscopy will be requested and must	attached. Patient to be allocated a date on a dedicated endoscopy close
h ave a close surveillance sticker attached and bowel	surveillance list.
preparation prescribed .Patient to be allocated a date on a dedicated	Endoscopy report printed offonce available for consultant review
endoscopy close surveillance list.	<u>Imaqin q</u>
Endoscopy report printed off on ce available for	A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the
consultant review	radiologydepartment.
Imaging	CT report printed offonce available for consultant review.
A CT request will be completed by the consultant and reviewed by	CNS to in form the patient of all results.
the CNS prior to handing into the radiology	Discharge summary to be completed
department. CT report printed offonce	by the managing consultant and in clude the next step. CNS/administrator to check next step
available for consultant review.	is waiting list active before discharging from the database
CNS to in form the patient of all results.	
Database to be updated by CNS / administrator	

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SURVEILLANCE-RECTAL CANCER COMPLETE RESPONDERS, TEMS and RECTAL POLYP (R1)

Consultant					Name					
Treatmer	it summa	ry		Hospital number						
				Phone number						
Date of c	ommence	ement of treatment		Date of Birth						
Histology										
Entire Colon screened pre-op Y / N Col					lonoscopy/CTC Date					
CT Colonogram date					Stoma Date					
Pre operative Treatment required Y/ N Po					st operative treatment required Y / N					
Date Commenced				Date Commenced						
May amend due to Clatterbidge letter		INVESTIGATION	REQUESTED FOR		COMPLETED	OUTCOME / RESULT				
3 MONTHS		Endoscopy to								
D/B	Form	access the scar								
3 MONTH D/B	15 Form	MRI								
0,0		CEA								
6 MONTHS		FLEXI-SIG								
D/B	Form	CEA								
6 MONTHS		MRI								
D/B	Form	СТ								
9 MONTHS		MRI								
D/B Form										
9 Months		FLEX-SIG								
D/B	Form	CEA								

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Hosp Number.....

		Investigation	Requested For	Completed	Result/Outcome
1 YEAR		СТ			
Form	D/B	MRI			
1 YEAR		CEA			
Form	D/B	Colonoscopy			
18 MONTHS		MRI			
Form	D/B				
18 MONTHS		Flexi- Sig			
Form	D/B	CEA			
YEAR 2		MRI			
Form	D/B	СТ			
YEAR 2		CEA			
Form	D/B	Flexi- Sig			
YEAR 2.5					
Form	D/B	MRI			
YEAR 2.5		Flexi- Sig			
Form	D/B	CEA			
YEAR 3		СТ			
	D/B	MRI			
YEAR 3		Flexi			
Form	D/B	CEA			
YEAR 4		СТ			
Form	D/B				
YEAR 4		CEA Flexi			
Form	D/B				
YEAR 5		СТ			
Form	D/B	colonoscopy CEA			

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