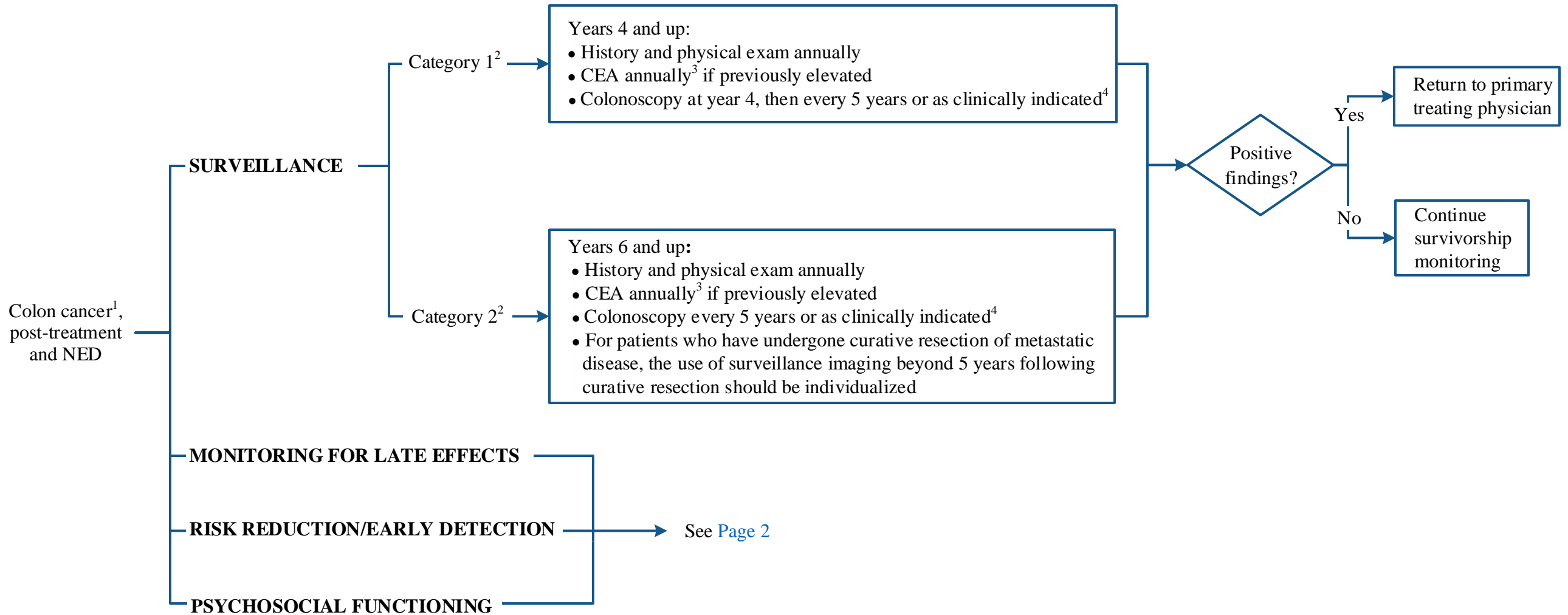


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

¹ Includes appendiceal cancer

² **Category 1:** Stage I, NED at 3 years

Category 2: Stage II, IIIA-C and IV, NED at 5 years

³ Consider checking CEA for a total of 10 years only

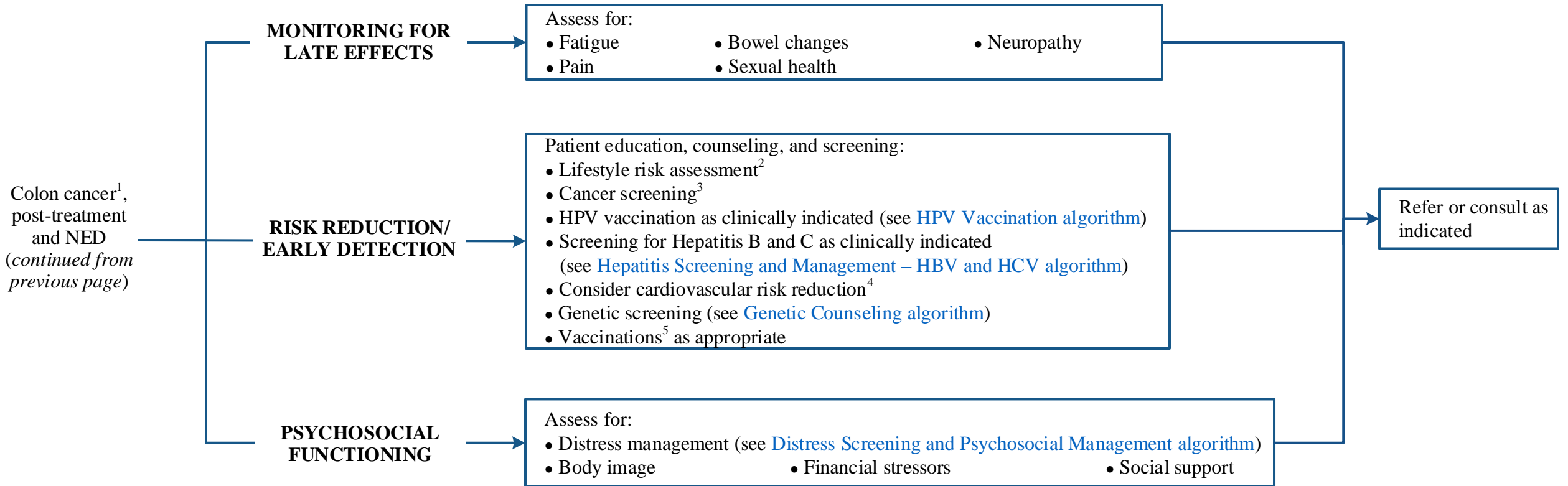
⁴ The recommended screening intervals for individuals with adenomatous polyps on most recent colonoscopy, genetic predisposition to colon cancer, or a history of inflammatory bowel disease can be found in the [Colorectal Cancer Screening algorithm](#)

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

¹ Includes appendiceal cancer

² See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Includes [breast](#), [cervical](#) (if appropriate), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer](#) screening

⁴ Consider use of Vanderbilt's [ABCDE's](#) approach to cardiovascular health

⁵ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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This survivorship algorithm is based on majority expert opinion of the Colorectal Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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