



Post Treatment Care: What You Need To Know

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Patient Thoughts



“ I practically floated home, thrilled to be finished with chemo,” he said. “I know a lot of people don't like to get cut loose because they worry about no longer being so closely monitored, but I thought it was a major milestone. I was free and clear and I was pretty happy about it.”

--Ray Beckler

Quoted in an article for the Colorectal Cancer Coalition Volume 3,
Issue 2

Winter 2008

Last Day of Chemotherapy



<http://lanabarron.wordpress.com/2009/06/27/starting-over/>



debbiesgirls.blogspot.com/

Not everyone feels like Ray



The long awaited conclusion to treatment can
Leave patients

- Glad to be done
- Unexpectedly sad at loose ends
- Frightened for what lies ahead
- Anxiety about Returning to their “life”
- Fear of Recurrence



What can we do?

- Better planning and communication about what the comprehensive and coordinated follow-up care will be
- Work with your MD/Practitioner to have a survivorship plan including what expected follow up will be



Some Guidelines



- Regular Visits with your Doctor
Every 3-6 months
- Check Bloodwork for Tumor Markers
 - CEA, Ca19-9, Chromogranin A, AFP
- Radiologic Imaging: CT scans and/or MRI
- Scopes
 - Colonoscopy
 - Endoscopy
 - Flexible Proctosigmoidoscopy

Guidelines into Practice

Case Study



Mr. A. is a 45 year old man, who had a history of intermittent rectal bleeding for a number of years, which had been attributed to hemorrhoids in the past. This bleeding became a bit more consistent over the next few months, particularly after an acute GI illness in February 1999. He underwent a flexible sigmoidoscopy, which revealed a lesion in the sigmoid colons. Biopsy showed Adenocarcinoma

Then on March 31, he underwent a colonoscopy--which confirmed the presence of the sigmoid lesion but no other lesions were identified.

A CT scan of the Ab/Pelvis (3/31/99) showed a liver cyst, but NO EVIDENCE of metastatic disease. His pre-operative CEA was 24.6

Case Study #1



April 1, 1999--Mr. A was taken to the Operating Room, where his tumor was identified and removed. There were NO liver metastasis noted. A low anterior Resection was performed and he recovered SLOWLY from surgery.

Post-Operative CEA was 12.6

Pathologically, Mr. A's tumor was a high-risk, Stage III Lesion. His lesion extended through the wall of the colon into the adjacent fat, arising in a polyp. He had 16 out of 16 positive lymph nodes;

Case #1



Mr. A. Received 6 months of chemotherapy with Irinotecan, 5-FU and Leucovorin.

We then established a Survivorship Plan that included Office visits every 3 months with CEA tumor markers drawn, and CT scans every 6 months

8/21/2003 **CEA 4.1** (FIRST TIME ELEVATED since prior to first treatment)

8/21/2003--CT ab/Pelvis--Concerning for new soft tissue mass in the abdomen near aortic bifurcation

9/3/2003--PET Scan showed ONE area of uptake in the same area seen on CT scan

Case #1



9/30/2003--Mr. A. underwent surgical resection

- Post operatively his CEA was 1.5
- He received additional chemotherapy with FOLOX -->Chemoradiation-->FOLFIRI from October 2003 until June 2004
- We again initiated surveillance as his survivorship plan of Office visits every 3 months with Bloodwork. CT scans every 6 months.

Case #1



We continue to monitor Mr. A every 6 months with Office visits, Lab work. Most recently seen in November and his CEA was 1.2

- He is now 10 years out from his original diagnosis, and 6 years from his recurrence.

Thank You!

- Hopefully over time we can make that scary word **CANCER** into simply cancer

