



FOLLOW-UP GUIDELINES

Esophageal Cancer

June 2014

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of endometrial follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms between regular follow-up visits.

These recommendations are consistent with the individual disease's natural history and the chances of detecting potentially curable recurrent cancer. Specifically:

- The vast majority of patients who relapsed do so within the first three years.
- The majority of patients who relapse present with symptoms of recurrence between regularly scheduled follow-up visits.
- Except in the rare case of localized recurrence, there is no current evidence that the detection or treatment of early asymptomatic clinical recurrence is associated with better overall outcome or survival.

Follow-Up after Curative Therapy

- In patients treated with curative intent history and physical examination every 3-6 months for the first 3 years then every 6-12 months for the next 2 years and annually thereafter.
- Routine imaging studies in asymptomatic patients are not recommended.
- Imaging studies, endoscopic examination, and laboratory testing can be performed as clinically indicated.

Reference: Saskatchewan Cancer Agency Provincial Esophageal Cancer Treatment Guidelines
www.saskcancer.ca/Default.aspx?DN=b1586bc3-431f-4998-a55c-ec2c34c090ba