

Colon Cancer Recurrence

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Colon Cancer Recurrence – Clinician Perspective

- SEER Symposium: Improving Recurrence Data Quality
 - Focus on clinical diagnosis and documentation

Objectives

- Understand how recurrence is identified clinically
 - Differentiate local, regional, and distant recurrence
 - Highlight key documentation sources
 - Support accurate registry abstraction

Definitions of Recurrence

- Local: Anastomosis or tumor bed
 - Regional: Regional lymph nodes
 - Distant: Liver, lung, peritoneum, others
 - Distinguish from residual disease and new primary

Surveillance After Treatment

- CEA monitoring
 - CT chest/abdomen/pelvis
 - Colonoscopy
 - Symptom-driven evaluation

Clinical Triggers for Recurrence

- Rising CEA
 - New symptoms (pain, weight loss, obstruction)
 - Abnormal imaging findings
 - Findings on surveillance colonoscopy

Diagnostic Pathways

- CT imaging for detection
 - PET/CT in select cases
 - Colonoscopy for local recurrence
 - Biopsy when feasible

Pathologic Confirmation

- Biopsy of suspicious lesions
 - Histologic confirmation of metastasis
 - Comparison with prior tumor
 - Not always feasible in metastatic disease

When Biopsy Is Not Done

- Diagnosis based on imaging + clinical context
 - Common in liver or lung metastases
 - Physician documentation critical for confirmation

Key Medical Record Sources

- Oncology progress notes (assessment/plan)
 - Imaging reports
 - Pathology reports
 - Operative reports
 - Treatment documentation

Terminology Considerations

- Clear: 'recurrent disease', 'metastatic colon cancer'
 - Ambiguous: 'suspicious', 'cannot exclude'
 - Look for definitive clinical assessment
 - Avoid coding based on preliminary findings

Common Challenges

- Residual vs recurrent disease
 - New primary vs recurrence
 - Indeterminate imaging findings
 - Delayed documentation of confirmation

Clinical Decision-Making

- Integration of imaging, labs, history
 - Pattern of spread typical for colon cancer
 - Timing from initial treatment
 - Multidisciplinary input

Best Practices for Abstraction

- Review sequential notes
 - Confirm final diagnosis in assessment
 - Correlate imaging, pathology, treatment
 - Follow SEER coding guidance

Closing

- Accurate recurrence data supports outcomes research
 - Clinician–registrar collaboration is essential
 - Improved documentation enhances data quality