



After Colorectal Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often leads to questions about the next steps as a survivor or about the chances of the cancer coming back.

- [Living as a Colorectal Cancer Survivor](#)

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it's very common to worry about the risk of developing another cancer.

- [Second Cancers After Colorectal Cancer](#)

Living as a Colorectal Cancer Survivor

For many people with [colorectal cancer](#), treatment can remove or destroy the cancer. The end of treatment can be both stressful and exciting. You'll be relieved to finish treatment, yet it's hard not to worry about [cancer coming back](#). This is very common if you've had cancer.

For other people, colorectal [cancer may never go away](#) completely. Some people may get regular treatment with [chemotherapy](#), [radiation therapy](#), or other treatments to try to help keep the cancer in check. Learning to live with cancer that does not go away can be difficult and very stressful.

Life after colorectal cancer means returning to some familiar things and also making some new choices.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a [survivorship care](#) plan for you. This plan might include:

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as [early detection \(screening\) tests](#) for other types of cancer, or tests to look for long-term health effects from your cancer or its treatment
- A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
- Diet and physical activity suggestions
- Reminders to keep your appointments with your primary care provider (PCP) who will monitor your general health care, including your cancer screening tests.

Typical follow-up schedules after colorectal cancer

Even if you have completed treatment, you will likely have follow-up visits with your doctor for many years. It's very important to go to all of your follow-up appointments. During these visits, your doctors will ask if you are having any problems and may do exams and lab tests or imaging tests to look for signs of cancer or treatment [side effects](#).

Some treatment side effects might last a long time or might not even show up until years after you have finished treatment. Your doctor visits are a good time to ask questions and talk about any changes or problems you notice or concerns you have.

To some extent, the frequency of follow up visits and tests will depend on the [stage](#) of your cancer and the chance of it [coming back](#).

Doctor visits

Your doctor will probably recommend you have a physical exam and some some of the tests listed below every 3 to 6 months for the first couple of years after treatment, then every 6 months or so for the next few years. People who were treated for early-stage cancers may do this less often.

Follow-up tests

Colonoscopy

In most cases, your doctor will recommend you have a [colonoscopy](#) within a year after surgery. If the results are normal, most people won't need another one for 3 years. If the results of that exam are normal, then future exams often can be about every 5 years. If the colonoscopy shows abnormal areas or polyps, the test may be needed more often.

Proctoscopy

If you had rectal cancer that was removed with a [transanal excision](#) (the surgery was done through your anus), your doctor will likely recommend you have a [proctoscopy](#) every 3 to 6 months for the first couple of years after treatment, then every 6 months or so for the next few years. This allows the doctor to get a close look at the area where the tumor was to see if the cancer might be coming back.

Imaging tests

Whether or not your doctor recommends imaging tests will depend on the stage of your cancer and other factors. [CT scans](#) may be done regularly, such as once every 6 months to a year, for those at higher risk of recurrence, especially in the first few years after treatment. People who had tumors in the liver or lungs removed might be scanned even more often, maybe every 3 to 6 months for the first few years.

Blood tests for tumor markers

[Carcinoembryonic antigen \(CEA\)](#) is a substance called a tumor marker that can be found in the blood of some people with colorectal cancer. Doctors often check levels of this marker with a blood test before treatment begins.

If it's high at first and then goes down to normal after surgery, it can be checked again when you come in for follow-up (typically every 3 to 6 months for the first couple of years after treatment, then every 6 months or so for the next few years). If the CEA level goes up again, it might be a sign that the cancer has come back, and colonoscopy or imaging tests might be done to try to locate the site of recurrence.

If tumor marker levels weren't elevated when the cancer was first found, they aren't likely to be helpful as a sign of the cancer coming back.

Keeping health insurance and copies of your medical

records

Even after treatment, it's very important to keep [health insurance](#). Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn't know about your medical history. It's important to keep copies of your medical records to give your new doctor the details of your diagnosis and treatment. Learn more in [Keeping Copies of Important Medical Records](#).

Managing long-term side effects

Most [side effects](#) go away after treatment ends, but some may continue and need special care to manage. For example, if you have a colostomy or ileostomy, you may worry about doing even everyday activities. Whether your ostomy is temporary or permanent, a health care professional trained to help people with colostomies and ileostomies (called an enterostomal therapist) can teach you how to care for it. You can ask the American Cancer Society about programs offering information and support in your area. Learn more about managing and caring for an ostomy in [Colostomy Guide](#) and [Ileostomy Guide](#).

Can I lower my risk of colorectal cancer progressing or coming back?

If you have (or have had) colorectal cancer, you probably want to know if there are things you can do to help lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Fortunately, research has shown there are some things you can do that might be helpful.

Getting to and staying at a healthy weight

A lot of research suggests that being overweight or obese (very overweight) raises your risk of colorectal cancer coming back, as well as the risk of dying from colorectal cancer. But there's less research to show whether losing weight during or after treatment can actually lower the risk of colorectal cancer recurrence.

Of course, getting to a healthy weight has other health benefits. But if you're thinking

about losing weight, it's important to discuss this with your doctor, especially if you're still getting treatment or have just finished it.

Being active

A good deal of research suggests that people who get regular physical activity after treatment have a lower risk of colorectal cancer recurrence and a lower risk of dying from colorectal cancer. Physical activity has also been linked to improvements in quality of life, physical functioning, and fewer [fatigue](#) symptoms. It's not clear exactly how much activity might be needed, but more seems to be better.

It's important to talk with your treatment team before starting a new physical activity program. This might include meeting with a physical therapist, too. Your team can help you plan a program that can be both safe and effective for you.

Eating a healthy diet

In general, it's not clear that eating any specific type of diet can help lower your risk of colorectal cancer coming back. Some studies have suggested that colorectal cancer survivors who eat diets high in vegetables, fruits, whole grains, chicken, and fish might live longer than those who eat diets with more refined sugars, fats, and red or processed meats. But it's not clear if this is due to effects on colorectal cancer or possibly to other health benefits of eating a healthy diet.

Still, there are clearly health benefits to eating well. For example, diets that are rich in plant sources are often an important part of getting to and staying at a healthy weight. Eating a healthy diet can also help lower your risk for some other health problems, such as heart disease and diabetes.

Dietary supplements

So far, no dietary supplements have been shown to clearly help lower the risk of colorectal cancer progressing or coming back. This doesn't mean that none will help, but it's important to know that none have been proven to do so.

Vitamin D: Some research has suggested that colorectal cancer survivors with higher levels of vitamin D in their blood might have better outcomes than those with lower levels. But it's not yet clear if taking vitamin D supplements can affect outcomes.

Calcium: Some research has suggested that calcium supplements can lower the risk of

colorectal polyps in people who have previously had polyps. But it's not clear if calcium supplements can lower the risk of colorectal cancer coming back.

Dietary supplements are not regulated like medicines in the United States – they do not have to be proven to work (or even be safe) before being sold, although there are limits on what they're allowed to claim they can do. If you're thinking about taking any type of nutritional supplement, talk to your health care team first. They can help you decide which ones you can use safely while avoiding those that could be harmful.

Alcohol

Drinking alcohol has been linked with an increased risk of getting colorectal cancer, especially in men. But whether alcohol affects the risk of colorectal cancer recurrence is not as clear.

The American Cancer Society recommends that people who drink alcohol limit their intake to no more than 1 drink a day for women and no more than 2 drinks a day for men. This can help lower their risk of *getting* certain types of cancer (including colorectal cancer). But for people who have finished cancer treatment, the effects of alcohol on recurrence risk are largely unknown.

This issue is complicated by the fact that low to moderate alcohol use has been linked with a lower risk of heart disease.

Because this issue is complex, it's important to discuss it with your health care team, taking into account your risk of colorectal cancer recurrence (or getting a new colorectal cancer), your risk of heart disease, and your risk of other health issues linked to alcohol use.

Quitting smoking

Research has shown that colorectal cancer survivors who smoke are more likely to die from their cancer (as well as from other causes). Aside from any effects on colorectal cancer risk, [quitting smoking can clearly have many other health benefits](#).

If you're thinking about [quitting smoking](#) and need help, talk to your doctor, or call the American Cancer Society at 1-800-227-2345 for information and support.

If the cancer comes back

If the cancer does recur at some point, your treatment options will depend on where the cancer is, what treatments you've had before, and your overall health. For more information on how recurrent cancer is treated, see [Treatment of Colon Cancer, by Stage](#) or [Treatment of Rectal Cancer, by Stage](#).

For more general information on recurrence, see [Understanding Recurrence](#).

Could I get a second cancer after colorectal cancer treatment?

People who've had colorectal cancer can still get other cancers. In fact, colorectal cancer survivors are at higher risk for getting another colorectal cancer, as well as some other types of cancer. Learn more in [Second Cancers After Colorectal Cancer](#).

Moving on after colorectal cancer

Emotional support

Some amount of feeling [depressed, anxious, or worried](#) is normal when colorectal cancer is a part of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others.

Sexuality and feeling good about your body

Learning to be comfortable with your body during and after colorectal cancer treatment is a personal journey, one that is different for everyone. Information and support can help you cope with these changes over time. Learn more in [Sexuality for the Man With Cancer](#) or [Sexuality for the Woman With Cancer](#).

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Second Cancers After Colorectal Cancer

Colorectal cancer survivors can be affected by a number of health problems, but often a major concern is facing cancer again. Cancer that comes back after treatment is called a *recurrence*. But some cancer survivors develop a new, unrelated cancer later. This is called a *second cancer*.

Unfortunately, being treated for colorectal cancer doesn't mean you can't get another cancer. People who have had colorectal cancer can still get the same types of cancers that other people get. In fact, they might be at higher risk for certain types of cancer.

People who have had **colon cancer** can get any type of second cancer, but they have

an increased risk of certain cancers, including:

- A second colon cancer (This is different from the first cancer coming back.)
- Rectal cancer
- Stomach cancer
- Small intestine cancer
- Anal cancer
- Bile duct cancer
- Uterine cancer
- Kidney cancer
- Cancer of the ureter (the tube that connects the kidney to the bladder)

People who have had **rectal cancer** can get any type of second cancer, but they are at increased risk of certain cancers, including:

- Colon cancer
- Small intestine cancer
- Anal cancer
- Lung cancer
- Vaginal cancer
- Kidney cancer

The increased risk with some of these cancers may be due to shared risk factors, such as diet, obesity, and physical activity. Genetics may also be a factor. For example, people with Lynch syndrome (hereditary non-polyposis colorectal cancer) have an increased risk of many of these cancers.

Follow-up after colorectal cancer treatment

After completing treatment for colorectal cancer, you should still see your doctor regularly to look for signs the cancer has come back or spread. See [Living As a Colorectal Cancer Survivor](#) for information on the types of tests you might need after treatment.

Survivors of colorectal cancer should also follow the American Cancer Society Guidelines for the Early Detection of Cancer, such as those for breast, cervical, lung, and prostate cancer.

For people who have had colorectal cancer, most experts don't recommend any additional testing to look for second cancers unless you have symptoms. One possible exception is in women who had colorectal cancer as a result of having Lynch syndrome,

as these women are also at increased risk for endometrial and some other cancers. If you have Lynch syndrome, it's important to talk to your doctor about your risks.

Can I lower my risk of getting a second cancer?

There are steps you can take to lower your risk and stay as healthy as possible. For example, people who have had colorectal cancer should do their best to stay away from tobacco products. Smoking might further increase the risk of some of the second cancers that are more common after colorectal cancer.

To help maintain good health, colorectal cancer survivors should also:

- Get to and stay at a healthy weight
- Keep physically active
- Eat a healthy diet, with an emphasis on plant foods
- Limit alcohol to no more than 1 drink per day for women or 2 per day for men

These steps may also lower the risk of some other health problems.

See *Second Cancers in Adults* for more information about causes of second cancers.

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