**Questions for Reviewers on Draft**

**Follow-up Care After Colorectal Cancer Treatment:**

**A Guide for Primary Care Physicians**

**Instructions:**

* Please provide a written response to each question below. The questions correspond to a specific section of the draft guidance, *Follow-up Care After Colorectal Cancer Treatment*: *A Guide for Primary Care Physicians* as noted. General content and format questions follow the section specific questions.
* In your written comments/ feedback, if you reference published literature, please include the citation information.
* If you are referring to specific text in the current draft, please indicate the page/ line numbers and/or copy the text into your remarks.
* Please note ‘follow-up care’ refers to care provided after primary treatment for curative intent, with a target survivor population of colorectal cancer stages II and III.
* Return your feedback to Jennifer Bretsch, MS, via email at jbretsch@gwu.edu no later than April 23, 2012. Contact her with any questions via email or call 202-994-7319.
* Thank you very much for providing candid and critical comments to ensure that the guidance is objective, evidence- and practice-based, and meets the needs of primary care providers caring for post-treatment cancer survivors.

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Primary Institution/ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:**

**Section B: Detection and Management of Potential Late/ Long-Term Effects of Disease or Treatment**

1. Are there additional, well-established late and long-term effects from the chemotherapy or biotherapy drugs used to treat colon and rectal cancers?

 If yes, what are they?

**Section C: Psychosocial Recommendations**

The content in the Psychosocial Recommendations section was generated by the National Comprehensive Cancer Network (NCCN) and the Canadian Association of Psychosocial Oncology (CAPO). The content was developed for oncology specialists, although both organizations suggest that psychosocial concerns should be addressed along the cancer care continuum.

How appropriate do you think the current psychosocial content is for primary care physicians?

What, if any, changes to the psychosocial content would you suggest and why?

**Section E: Counseling Recommendations for Prevention/ Routine Health Promotion**

1. Do you think the guidance document should include information for primary care physicians about how the effects of cancer treatments may interact with other chronic conditions (e.g. diabetes, hypertension, etc.) or treatments their patients may be dealing with?

If yes, what should the guidance say?

1. **Coordination Among Specialists and Primary Care Providers**
2. Do you think the guidance document should include information about how primary care physicians and specialty physicians could/ should coordinate survivorship care?

If yes, what should the guidance say?

**General:**

1. What, if any, other content in the colorectal cancer guidance document do you have feedback on? Please refer to specific line numbers/ sections provided in the draft guidance document with your comments.
2. Is there other information that you think should be included in the guidance document? Please tell us what you think is missing.

**Format of Content:**

1. Should two (2) separate guidance documents exist for colon cancer and for rectal cancer, or maintain the one (1) guidance document for colorectal cancer? State and support your position.
2. We are considering developing a shorter version (approx. 2 pages) of the guidance document.
	1. How helpful do you think that would that be to primary care physicians?

* 1. What do you think is the essential information to include in a shorter version?