

# A randomised controlled trial to assess the cost-effectiveness of intensive versus no scheduled follow-up in patients who have undergone resection for colorectal cancer with curative intent

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## Plain English summary

### The FACS RCT

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## Plain English summary

**B**owel cancer is the second most common cause of cancer death in the UK. When the cancer is confined to the bowel and/or surrounding lymph nodes (early bowel cancer), it can often be treated with an operation. Following surgery, many patients will be cured; however, for others, the cancer may come back (recur) either locally in the bowel or in another organ such as the liver. Consequently, after surgery for early bowel cancer, clinicians often follow up patients in the hope of detecting any recurrent cancer at an early and treatable stage. The way in which patients are followed up is variable. Some patients have regular computerised tomography (CT; detailed radiography) scans and/or blood tests to look for signs of cancer. Others are simply advised to report any concerning symptoms.

The FACS (Follow-up After Colorectal Surgery) trial was undertaken to determine the most effective form of follow-up. Patients were allocated to one of four follow-up regimens: (1) minimal follow-up with a single CT scan, (2) regular CT scans, (3) regular blood tests with a single CT scan or (4) both regular CT scans and blood tests. The results demonstrate that regular follow-up with either CT scans or blood tests is better than minimal follow-up at detecting recurrent cancer at a treatable stage. There was no benefit of having both CT scans and blood tests. Of the intensive follow-up strategies, regular blood tests with a single CT scan appears to be both economical and well accepted by patients.

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