

**Cancer Science 2020: Post-surgical Colorectal Cancer (CRC) surveillance:
PET/CT versus CT, Israel****Mazarieb Mai**

Rabin Medical Center, Israel

Abstract

Forty percent of CRC patients will fail, mostly within first two years following primary resection. Early detection of recurrent disease has been reported to improve their survival. The use of PET/CT during the follow-up process is equivocally superior to contrast enhanced CT. This study is a comparison of CT vs. PET/CT Colorectal cancer (CRC) is the third most common cancer in both sexes in South Korea and constitutes 12.7% of all cancers [1]. Although radical resection followed by chemotherapy and/or radiotherapy is an effective treatment, unexpected recurrence occurs in 30–50% of patients during follow-up . It has often been noted that earlier detection of local recurrence or distant metastasis would allow for more adequate treatment in patients with CRC. Identification of a secondary primary tumor as well as early detection of recurrence or metastasis is also crucial for determining the most appropriate therapeutic management in patients with cancer. In clinical practice, the postoperative status of patients with CRC is evaluated by physical examination, colonoscopy, carcinoembryonic antigen (CEA) level, and imaging studies including abdominal CT, MRI, and chest radiographs. Of these imaging modalities, abdominal CT is widely used, especially for locoregional recurrence, abdominopelvic lymph node metastasis, or hepatic metastasis, but occult lesions may be difficult to visualize. In addition, its field of view is limited to the pulmonary basal portion for the detection of lung metastasis.

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Rabin Medical Center, Israel