**Presentation title**

Transitioning colorectal cancer survivors back to primary healthcare

**Explain why your paper is relevant, important and of interest to GP22 participants**

A growing number of colorectal cancer (CRC) survivors are living with the long-term consequences of treatment. As coordinators of care, GPs are ideally positioned to assess and meet the long-term supportive care needs of this group.

**Take home message**

* Side effects post treatment for CRC are common and affect patients’ quality of life
* Some side effects are difficult for patients to raise with their GP
* Improved screening for side effects and access to referral pathways are needed to ensure timely management and improved quality of life

**Background**

In Australia, CRC is the most common cancer affecting both men and women. However, we know little about how they are cared for once they transition back to GP-coordinated care.

**Aim**

To explore experiences and perspectives of CRC survivors when transitioning from acute to primary care.

**Method**

A mixed-method study using interviews and surveys of CRC survivors to understand their current experiences and opinions on care following CRC treatment.

**Results**

Of 51 CRC survivor responses, 50 (98%) reported one or more symptoms and concerns after cancer treatment, most commonly: bowel problems= 38 (75%), fatigue= 44 (86%) and psychological/emotional concerns= 40 (78%). Those considered most difficult to discuss with their GP were sexual/intimacy concerns (17, 33%), Psychological concerns (11, 22%), and feelings of isolation (10, 20%). Respondents agreed GPs should be the main coordinator of their care, yet better ways to screen/detect their issues and concerns is needed, supported by a range of services and interventions that GPs could utilise.

**Discussion**

Our results show that although managing treatment-related symptoms and concerns in the community is key to improving CRC survivors' quality of life, they did not always feel comfortable discussing certain issues with their GP.

**Conclusion**

There is need for earlier recognition of symptoms and concerns following CRC treatment to ensure timely management, supported by system-level initiatives and appropriate supportive care interventions.

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