

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

PRESENTATION

RISK OF DEVELOPING CATARACTS

SCREENING

Patients undergoing treatment or are in survivorship at MD Anderson

Low Risk

- Age > 50 years old
- No high risk factors

Screening recommended once every 3 to 5 years

See [Appendix A](#) for symptoms of cataracts

High Risk

Any age with at least one of the following risk factors:

- Treatment with high dose corticosteroids¹
- Radiation therapy with exposure to the lens²
- Tamoxifen in patients > 50 years old³

Does the patient have bothersome blurry vision or a glare at night? See [Appendix A](#) for symptoms.

Ophthalmology consult

Yearly screening recommended

See [Appendix A](#) for symptoms of cataracts

¹ High dose corticosteroids cause posterior subcapsular cataracts

² Radiation therapy: cataracts typically start to appear several years after radiation exposure; however, the latent period varies based on dose, fractionation, and other risk factors

³ Tamoxifen: 3 year latency period in patients > 50 years old

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APPENDIX A: Symptoms of Cataracts

- Clouded, blurred or dim vision
- Sensitivity to light and glare
- Seeing “halos” around lights
- Frequent changes in eyeglasses or contact lens prescription
- Fading or yellowing of colors

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Cataract Screening group experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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