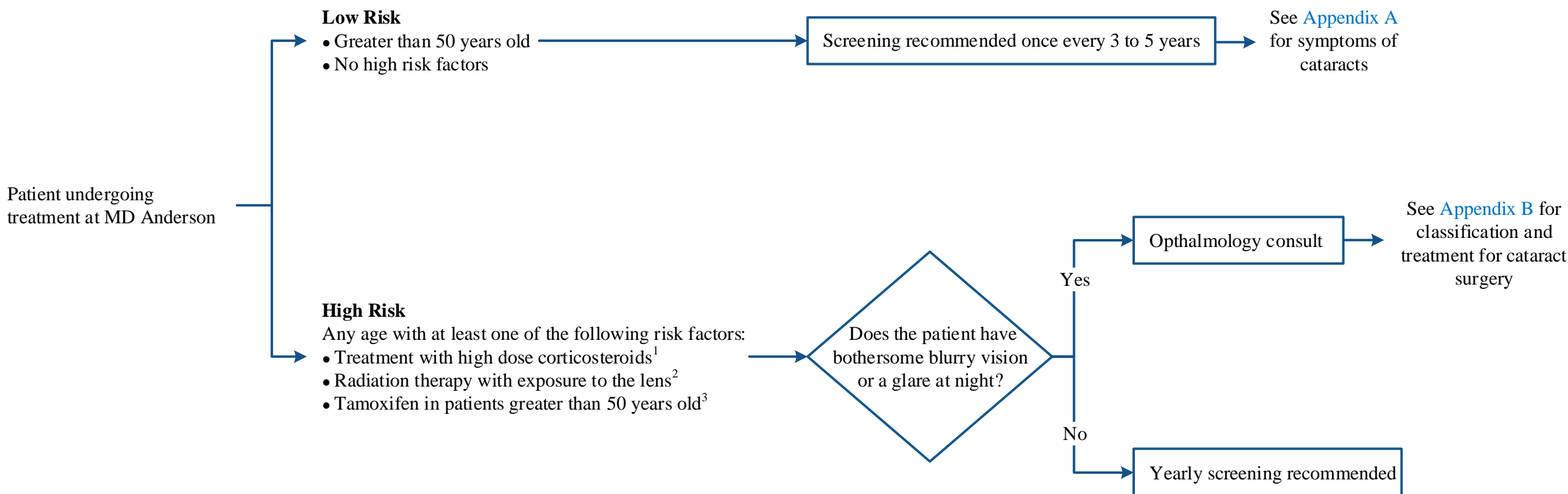


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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



<sup>1</sup> High dose corticosteroids causes posterior subcapsular cataracts

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

<sup>3</sup> Tamoxifen: 3 years latency period in patients greater than 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
- Double vision in a single eye

## APPENDIX B: Classification and Treatment for Cataract Surgery

Type I	Type II
<ul style="list-style-type: none"> <li>• Visual acuity better than 20/40 in the affected eye(s)</li> <li>• Further evaluation: brightness acuity testing may be perform to detect potential nighttime vision problems and/or glare</li> <li>• Treatment: surgery or observation, depending upon the evaluation results</li> </ul>	<ul style="list-style-type: none"> <li>• Visual acuity of 20/40 or worse in the affected eye(s)</li> <li>• Treatment: surgery</li> </ul>

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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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