Cataract Screening

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**

- **Low Risk**
  - Age > 50 years old
  - No high risk factors

- **High Risk**
  - Any age with at least one of the following risk factors:
    - Treatment with high dose corticosteroids
    - Radiation therapy with exposure to the lens
    - Tamoxifen in patients > 50 years old

**SCREENING**

- Screening recommended once every 3 to 5 years

- Does the patient have bothersome blurry vision or a glare at night?
  - Yes
    - Ophthalmology consult
  - No
    - Yearly screening recommended

See Appendix A for symptoms of cataracts

See Appendix B for classification and treatment for cataract surgery

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1 High dose corticosteroids causes 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 years 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
- Double vision in a single eye

APPENDIX B: Classification and Treatment for Cataract Surgery

<table>
<thead>
<tr>
<th>Type I</th>
<th>Type II</th>
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<tbody>
<tr>
<td>● Visual acuity better than 20/40 in the affected eye(s)</td>
<td>● Visual acuity of 20/40 or worse in the affected eye(s)</td>
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<tr>
<td>● Further evaluation: brightness acuity testing may be perform to detect potential nighttime vision problems and/or glare</td>
<td>● Treatment: consider surgery</td>
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<tr>
<td>● Treatment: surgery or observation, depending upon the evaluation results</td>
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</tbody>
</table>
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:

Core Development Team Leads

Nimisha Patel, MD (Ophthalmology)
Neema Pathiyil, PA-C (Ophthalmology)
Richard Yee, MD (Head & Neck Surgery)

Workgroup Members

Olga N. Fleckenstein, BS
Dan S. Gombos, MD (Ophthalmology)
Thoa Kazantsev, MSN, RN, OCN
Shirley Su, MD (Head & Neck Surgery)

*Clinical Effectiveness Development Team