Cataract Screening

Presented by: 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

1. High dose corticosteroids cause posterior subcapsular cataracts
2. Radiation: 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

Copyright 2021 The University of Texas MD Anderson Cancer Center

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 07/20/2021
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.

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>
</tr>
</thead>
<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>
</tr>
<tr>
<td>- Further evaluation: brightness acuity testing may be perform to detect potential nighttime vision problems and/or glare</td>
<td>- Treatment: surgery</td>
</tr>
<tr>
<td>- Treatment: surgery or observation, depending upon the evaluation results</td>
<td></td>
</tr>
</tbody>
</table>

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 07/20/2021
SUGGESTED READINGS


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.

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:

- Olga N. Fleckenstein, BS*
- Dan S. Gombos, MD (Ophthalmology)
- Thoa Kazantsev, MSN, RN, OCN*
- Nimisha Patel, MD (Ophthalmology)
- Neema Pathiyil, PA-C (Ophthalmology)^
- Shirley Su, MD (Surgery)
- Richard Yee, MD (Ophthalmology)^

^Core Development Team
*Clinical Effectiveness Development Team