This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

### Cataract Screening

#### Presentation

- Patient undergoing treatment at MD Anderson

#### Risk of Developing Cataracts

**Low Risk**
- Greater than 50 years old
- No high risk features

**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 greater than 50 years old

#### Screening

- Screening recommended once every 3 to 5 years

#### Decision Tree

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

---

1. High dose corticosteroids causes 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 greater than 50 years old
Cataract Screening

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/eyes</td>
<td>Visual acuity of 20/40 or worse in the affected eye/eyes</td>
</tr>
<tr>
<td><strong>Further evaluation:</strong> brightness acuity testing may be done to detect potential nighttime vision problems/glare</td>
<td>Treatment: surgery</td>
</tr>
<tr>
<td>Treatment: surgery or observation, depending upon the evaluation results</td>
<td></td>
</tr>
</tbody>
</table>

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SUGGESTED READINGS


This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

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:

Dan S. Gombos, MD
Shonice Holdman, MBA
Firoze Jameel, MSN, RN, OCN
Sarah Milgrom, MD
Neema Pathiyil, PA-C
Shirley Su, MD
Cynthia Tung, MD

T Core Development Team
* Clinical Effectiveness Development Team