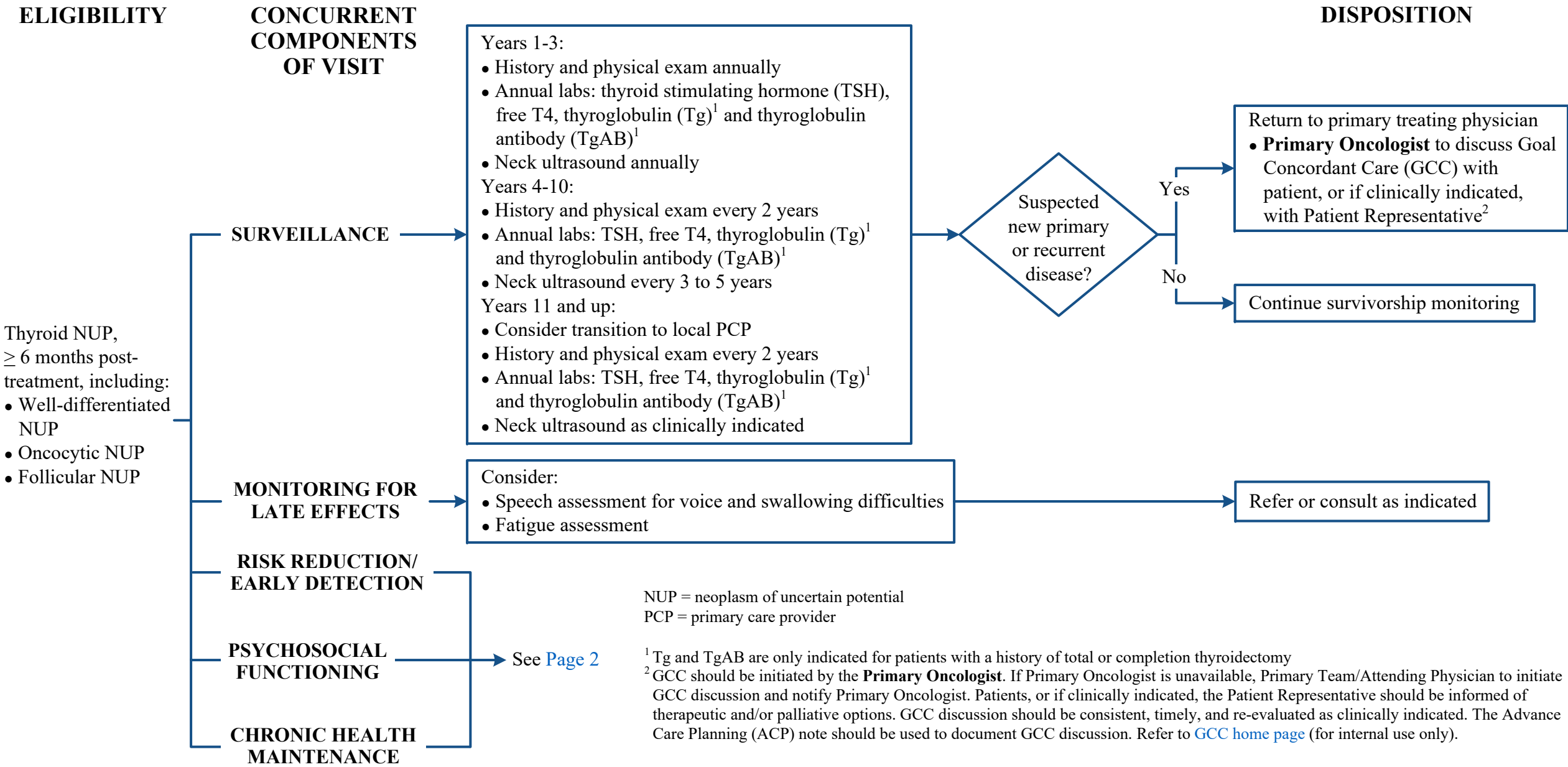


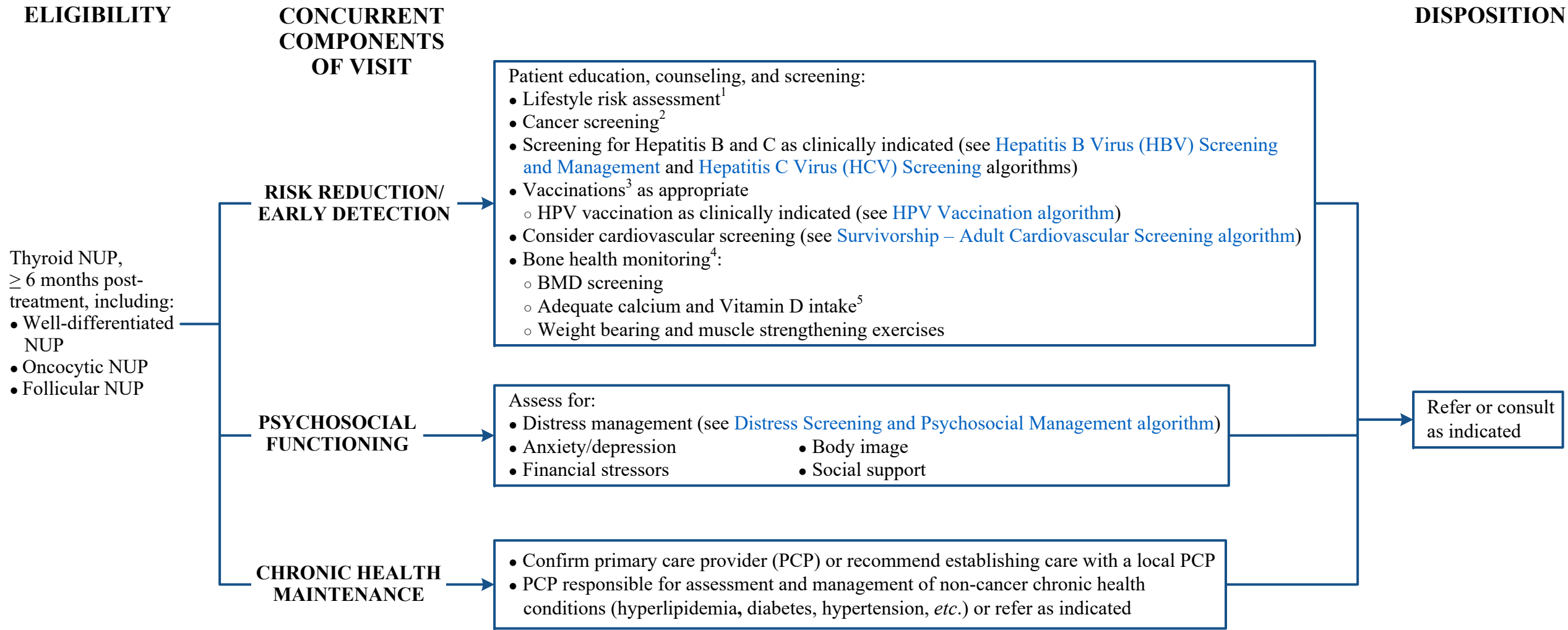
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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



NUP = neoplasm of uncertain potential
PCP = primary care provider

¹ Tg and TgAB are only indicated for patients with a history of total or completion thyroidectomy
² GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

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BMD = bone mineral density

¹ See [Physical Activity](#), [Nutrition](#), [Obesity Screening and Management](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

² Includes [breast](#), [cervical](#), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), and [skin](#) cancer screening

³ Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

⁴ Recommend bone health monitoring based on Osteoporosis International guidelines. Consider earlier screening and referral to primary care provider as clinically indicated.

⁵ Recommended: elemental calcium 1,000-1,200 mg/day from all sources and Vitamin D 800-1,000 IU/day

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Thyroid Survivorship workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Core Development Team Leads

Mouhammed A. Habra, MD (Endocrine Neoplasia and HD)
Johnny Rollins, MSN, APRN, ANP-C (Cancer Survivorship)
Steven I. Sherman, MD (Endocrine Neoplasia and HD)

Workgroup Members

Naifa Busaidy, MD (Endocrine Neoplasia and HD)
Maria E. Cabanillas, MD (Endocrine Neoplasia and HD)
Olga N. Fleckenstein, BS♦
Katherine Gilmore, MPH (Cancer Survivorship)
Theresa A. Guise, MD (Endocrine Neoplasia and HD)
Mimi Hu, MD (Endocrine Neoplasia and HD)
Nupur Kikani, MD (Endocrine Neoplasia and HD)
Soo-Hyun Lee-Kim, MS, APRN, FNP-C (Endocrine Neoplasia and HD)
Jeena Varghese, MD (Endocrine Neoplasia and HD)
Steven Waguespack, MD (Endocrine Neoplasia and HD)
Hannah Warr, MSN, RN♦
Lauryl Welling, MSPA (Endocrine Neoplasia and HD)
Anita Ying, MD (Endocrine Neoplasia and HD)

♦Clinical Effectiveness Development Team