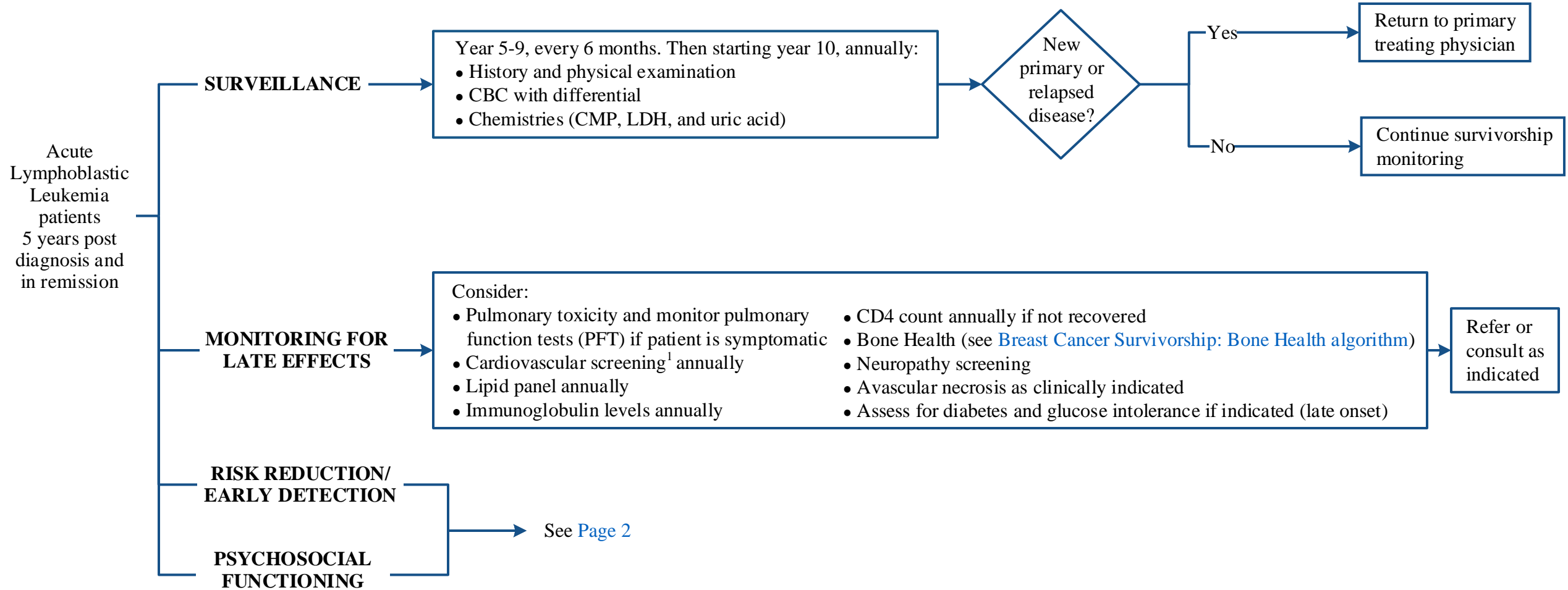


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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



CMP = complete metabolic panel

¹ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Acute Lymphoblastic Leukemia patients 5 years post diagnosis and in remission

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
 - Screening for Hepatitis B and C as clinically indicated (see [Hepatitis Screening and Management – HBV and HCV algorithm](#))
 - Vaccinations³ as appropriate
 - Pneumococcal vaccines PCV13 followed by PPSV23 at least 8 weeks apart. Thereafter, only PPSV23 every 5 years.
 - Influenza vaccination yearly
 - Consider one dose of tetanus-diphtheria-pertussis (Tdap) vaccine as an adult if patient has not received Tdap previously and there are no contraindications. Thereafter tetanus-diphtheria (Td) vaccination every 10 years.
 - Zoster Vaccine Recombinant, Adjuvanted (Shingrix) can be considered for patients whose last chemotherapy treatment is greater than 6 months, has a shared patient-provider conversation regarding the vaccine, and meets ACIP criteria⁴
 - Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations
 - Recommendations for vaccination of household members

PSYCHOSOCIAL FUNCTIONING

- Assess for the following as clinically indicated:
- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
 - Access to primary health care
 - Vision/cataract screening (see [Cataract Screening algorithm](#))
 - Financial stressors
 - Relationship issues
 - Infertility

Refer or consult as indicated

ACIP = Advisory Committee on Immunization Practices

¹ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
² Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#) and [skin cancer](#) screening
³ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)
⁴ Adults age 50 years and older with a history of chickenpox or shingles

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DEVELOPMENT CREDITS

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

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