Survivorship – Acute Lymphoblastic Leukemia (ALL)

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.

ELIGIBILITY
Acute Lymphoblastic Leukemia patients 5 years post diagnosis and in remission

CONCURRENT COMPONENTS OF VISIT
Year 5-9, every 6 months. Then starting year 10, annually:
- History and physical examination
- CBC with differential
- Chemistries (CMP, LDH, and uric acid)

MONITORING FOR LATE EFFECTS
Consider:
- Pulmonary toxicity and monitor pulmonary function tests (PFT) if patient is symptomatic
- Cardiovascular screening annually
- Lipid panel annually
- Immunoglobulin levels annually

RISK REDUCTION/EARLY DETECTION
Consider:
- CD4 count annually if not recovered
- Bone Health (see Breast Cancer Survivorship: Bone Health algorithm)
- Neuropathy screening
- Avascular necrosis as clinically indicated
- Assess for diabetes and glucose intolerance if indicated (late onset)

PSYCHOSOCIAL FUNCTIONING
See Page 2

SURVEILLANCE
New primary or relapsed disease?
- Yes
  - Return to primary treating physician
- No
  - Continue survivorship monitoring

DISPOSITION

CMP = complete metabolic panel

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

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Department of Clinical Effectiveness V3
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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

RISK REDUCTION/EARLY DETECTION

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

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

DISPOSITION

Refer or consult as indicated
SUGGESTED READINGS


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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