Survivorship – Acute Myelogenous Leukemia (AML)

Department of Clinical Effectiveness V2
Approved by the Executive Committee of the Medical Staff on 05/29/2018

Eligibility: Acute Myelogenous Leukemia (AML) patients 4 years post diagnosis, in complete remission.

Concurrent Components of Visit:
- Year 4, every 6 months. Then starting year 5, annually.
  - History and physical
  - CBC with differential
  - Chemistries (glucose, calcium, creatinine, sodium, potassium, bilirubin, ALT, LDH, uric acid)
  - Coagulation profile
  - Bone marrow aspiration if peripheral smear is abnormal or cytopenia develops

Surveillance:
- Consider:
  - Cardiovascular screening annually. Monitor cardiac function if patient is symptomatic.
  - Lipid panel annually
  - Bone density scan

MONITORING FOR LATE EFFECTS:
- See Page 2

Risk Reduction/Early Detection:
- See Page 2

Psychosocial Functioning:
- See Page 2

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

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.

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
Patient education, counseling and screening:
- Lifestyle risk assessment\(^1\)
- Cancer screening\(^2\)
- 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)
- Vaccinations\(^3\) as appropriate
  - Pneumococcus 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.
  - 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

Assess for the following as clinically indicated:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Relationship issues
- Access to primary health care
- Infertility
- Cognitive testing
- Fatigue
- Financial stressors

\(^1\) 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

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SUGGESTED READINGS


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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