Survivorship – Anal Cancer

ELIGIBILITY

Anal cancer, 4 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Years 4 and up:
- Annual history and physical exam including palpation of inguinal lymph nodes and rectal exam[1]
- Colonoscopy every 5 years

Positive findings?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Assess for:
- Pain
- Fatigue
- Sacral insufficiency fractures
- Bowel problems
- Sexual dysfunction
- Neck mass
- Lymphedema
- Neuropathy
- Urinary problems

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- Annual gynecological exam[4] to include palpation and visual inspection for female patients
- Consider annual DEXA scan for bone density monitoring:
  - For all women[5]
  - For men with history of sacral insufficiency fractures
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Screening for HIV as clinically indicated
  - Consider annual high-resolution anoscopy[6] for HIV-positive/AIDS patients, immune suppressed patients and MSM (men who have sex with men)
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Vaccinations[7] as appropriate

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Social support: Consider participation in ostomy support group if applicable
- Body image
- Financial stressors

DISPOSITION

Refer or consult as indicated

NED = no evidence of disease
DEXA = dual energy x-ray absorptiometry

[1] Rectal exam to include digital rectal exam (DRE) and visual inspection
[2] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[3] Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening
[4] Perform Pap smear/HPV test as per guidelines in Cervical Cancer Screening algorithm. For patients with abnormal Pap test or high risk HPV, colposcopy with/without Pap smear test as indicated by Gynecologist.
[5] For patients who have been treated with definitive chemoradiation to pelvis
[6] Consider annual collection of anal cytology in HIV-poistive/AIDS patients at the time of high-resolution anoscopy
[7] Based on Centers for Disease Control and Prevention (CDC) guidelines

Department of Clinical Effectiveness V5
Approved by The Executive Committee of the Medical Staff on 10/20/2020

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DEVELOPMENT CREDITS

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

Ella Ariza Heredia, MD (Infectious Disease)
Therese Bevers, MD (Cancer Prevention)
George J. Chang, MD, MS (Surgical Oncology)[Ŧ]
Robin L. Coyne, MSN, RN, FNP (Cancer Prevention)
Joyce E. Dains, DrPH, MSN, RN (Nursing Administration)
Prajnan Das, MD (Radiation Oncology)
Katherine Gilmore, MPH, BA (Cancer Survivorship)
Emma Holliday, MD (Radiation Oncology)[Ŧ]
Jessica P. Hwang, MD (General Internal Medicine)
Benny Johnson, DO (GI Medical Oncology)
Harjeet Kaur, MSN, RN, CNL, CMQ[♦]
Craig A. Messick, MD (Surgical Oncology)[Ŧ]
Andrea Milbourne, MD (Gyn Onc & Reproductive Medicine)
Van K. Morris, MD (GI Medical Oncology)[Ŧ]
Ana C. Nelson, MSN, RN, FNP (Cancer Prevention)
Lonzetta L. Newman, MD (Cancer Prevention)
Tilu Ninan, MSN, RN, NP (Cancer Prevention)

[Ŧ] Core Development Team Leads
[♦] Clinical Effectiveness Development Team