Survivorship – Anal Cancer

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.

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-positive/AIDS patients at the time of high-resolution anoscopy
7 Based on Centers for Disease Control and Prevention (CDC) guidelines

**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
- Colonoscopy every 5 years

**MONITORING FOR LATE EFFECTS**
Assess for:
- Pain
- Fatigue
- Sacral insufficiency fractures

**RISK REDUCTION/EARLY DETECTION**
Patient education, counseling, and screening:
- Lifestyle risk assessment
- Cancer screening
- Annual gynecological exam to include palpation and visual inspection for female patients
- Consider annual DEXA scan for bone density monitoring:
  - For all women
  - 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 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 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**

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

Refer or consult as indicated
SUGGESTED READINGS


Continued on next page
SUGGESTED READINGS - continued


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:

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