Survivorship – Cervical Cancer (Includes Vulvar and Vaginal)

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
- Cervical Cancer
- Vulvar cancer treated with radiotherapy 3 years post-treatment and NED
- Cervical and vaginal cancer 5 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT
- Annual history and physical exam with:
  - PAP test
  - Pelvic exam
- New primary or recurrent disease?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

SURVEILLANCE
- Consider the following:
  - Colonoscopy
  - Bone Health (see Gynecologic Cancer Survivorship: Bone Health algorithm)
  - Sexual health

MONITORING FOR LATE EFFECTS
- Patient education, counseling, and screening:
  - Patient education regarding radiotherapy complications
  - Suggest use of vaginal dilator after radiation therapy
  - Lifestyle risk assessment
  - Cancer screening
  - 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)
  - Consider cardiovascular risk reduction

RISK REDUCTION/EARLY DETECTION
- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Social support
  - Financial stressors

PSYCHOSOCIAL FUNCTIONAL

DISPOSITION
- Refer or consult as indicated

NED = no evidence of disease

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, colorectal, liver, lung, pancreatic, and skin cancer screening
3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

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Department of Clinical Effectiveness V8
Approved by the Executive Committee of the Medical Staff on 05/18/2021
SUGGESTED READINGS


SUGGESTED READINGS - continued


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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Gynecologic 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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