

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, vulvar,
or vaginal
cancer

Vulvar cancer
treated with
radiotherapy
5 years
post-treatment
and NED

Cervical and
vaginal cancer
5 years
post-treatment
and NED

NED = no evidence of disease

¹ GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

² See [Physical Activity, Nutrition, Obesity Screening and Management](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Includes [breast](#), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), and [skin](#) cancer screening

⁴ Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

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CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Annual history and physical exam with:

- Cervical/vaginal cytology
- Pelvic exam

Suspected
new primary
or recurrent
disease?

Yes

No

Return to primary treating physician

- Consider imaging (PET/CT, MRI)
- **Primary Oncologist** to discuss Goal Concordant Care (GCC) with patient or if clinically indicated, with Patient Representative¹

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Consider the following:

- Colonoscopy
- Bone Health (see [Survivorship - Gynecologic Cancer: Bone Health algorithm](#))
- Sexual health (see [Ovarian Toxicity Monitoring algorithm](#))
- Pelvic floor dysfunction
- Genitourinary assessment (e.g., vasomotor symptoms, vulvovaginal dryness, urinary incontinence)
 - Consideration of hormone therapy (HT) if medically appropriate
- Bowel dysfunction assessment for radiation proctitis/fistula formation
- Lymphedema assessment

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:

- Patient education regarding radiotherapy complications
 - Suggest use of vaginal dilator after radiation therapy
- Lifestyle risk assessment²
- Cancer screening³
- Vaccinations⁴ as appropriate
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
- Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B Virus \(HBV\) Screening and Management](#) and [Hepatitis C Virus \(HCV\) Screening algorithms](#))
- Consider cardiovascular screening (see [Survivorship – Adult Cardiovascular Screening algorithm](#))

PSYCHOSOCIAL FUNCTIONING CHRONIC HEALTH MAINTENANCE

See [Page 2](#)

DISPOSITION

Refer or consult
as indicated

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ELIGIBILITY

CONCURRENT
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DISPOSITION

Cervical, vulvar,
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cancer
(continued from
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Vulvar cancer
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5 years
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PSYCHOSOCIAL
FUNCTIONAL

- Assess for:
- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
 - Social support
 - Financial stressors

CHRONIC
HEALTH
MAINTENANCE

- Confirm primary care provider (PCP) or recommend establishing care with a local PCP
- PCP responsible for assessment and management of non-cancer chronic health conditions (hyperlipidemia, diabetes, hypertension, etc.) or refer as indicated

Refer or consult
as indicated

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SUGGESTED READINGS

- Boice Jr, J. D., Engholm, G., Kleinerman, R. A., Blettner, M., Stovall, M., Lisco, H., . . . MacMahon, B. (1988). Radiation dose and second cancer risk in patients treated for cancer of the cervix. *Radiation Research*, 116(1), 3-55. <https://doi.org/10.2307/3577477>
- Chaturvedi, A. K., Engels, E. A., Gilbert, E. S., Chen, B. E., Storm, H., Lynch, C. F., . . . Travis, L. B. (2007). Second cancers among 104,760 survivors of cervical cancer: Evaluation of long-term risk. *Journal of the National Cancer Institute*, 99(21), 1634-1643. <https://doi.org/10.1093/jnci/djm201>
- Donovan, K. A., Taliaferro, L. A., Alvarez, E. M., Jacobsen, P. B., Roetzheim, R. G., & Wenham, R. M. (2007). Sexual health in women treated for cervical cancer: Characteristics and correlates. *Gynecologic Oncology*, 104(2), 428-434. <https://doi.org/10.1016/j.ygyno.2006.08.009>
- Frumovitz, M., Sun, C. C., Schover, L. R., Munsell, M. F., Jhingran, A., Wharton, J. T., . . . Bodurka, D. C. (2005). Quality of life and sexual functioning in cervical cancer survivors. *Journal of Clinical Oncology*, 23(30), 7428-7436. <https://doi.org/10.1200/JCO.2004.00.3996>
- Kamboj, M., Bohlke, K., Baptiste, D. M., Dunleavy, K., Fueger, A., Jones, L., . . . Kohn, E. C. (2024). Vaccination of adults with cancer: ASCO guideline. *Journal of Clinical Oncology*, 42(14), 1699-1721. <https://doi.org/10.1200/JCO.24.00032>
- Kleinerman, R. A., Boice Jr, J. D., Storm, H. H., Sparen, P., Andersen, A., Pukkala, E., . . . Flannery, J. T. (1995). Second primary cancer after treatment for cervical cancer: An international cancer registries study. *Cancer*, 76(3), 442-452. [https://doi.org/10.1002/1097-0142\(19950801\)76:3<442::AID-CNCR2820760315>3.0.CO;2-L](https://doi.org/10.1002/1097-0142(19950801)76:3<442::AID-CNCR2820760315>3.0.CO;2-L)
- Lajer, H., Thranov, I. R., Skovgaard, L. T., & Engelholm, S. A. (2002). Late urologic morbidity in 177 consecutive patients after radiotherapy for cervical carcinoma: A longitudinal study. *International Journal of Radiation Oncology, Biology, Physics*, 54(5), 1356-1361. [https://doi.org/10.1016/S0360-3016\(02\)03032-8](https://doi.org/10.1016/S0360-3016(02)03032-8)
- Lindau, S. T., Gavrilova, N., & Anderson, D. (2007). Sexual morbidity in very long term survivors of vaginal and cervical cancer: A comparison to national norms. *Gynecologic Oncology*, 106(2), 413-418. <https://doi.org/10.1016/j.ygyno.2007.05.017>
- Maher, E. J., & Denton, A. (2008). Survivorship, late effects and cancer of the cervix. *Clinical Oncology*, 20(6), 479-487. <https://doi.org/10.1016/j.clon.2008.04.009>
- MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
Advance Care Planning (ACP) Conversation Workflow (ATT1925)
- National Comprehensive Cancer Network. (2025). *Cervical Cancer* (NCCN Guidelines Version 4.2025). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
- The National Lung Screening Trial Research Team. (2011). Reduced lung-cancer mortality with low-dose computed tomographic screening. *The New England Journal of Medicine*, 365(5), 395-409. <https://doi.org/10.1056/NEJMoa1102873>

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SUGGESTED READINGS - continued

- Ohno, T., Kato, S., Sato, S., Fukuhisa, K., Nakano, T., Tsujii, H., & Arai, T. (2007). Long-term survival and risk of second cancers after radiotherapy for cervical cancer. *International Journal of Radiation Oncology, Biology, Physics*, 69(3), 740-745. <https://doi.org/10.1016/j.ijrobp.2007.04.028>
- Pedersen, D., Bentzen, S. M., & Overgaard, J. (1994). Early and late radiotherapeutic morbidity in 442 consecutive patients with locally advanced carcinoma of the uterine cervix. *International Journal of Radiation Oncology, Biology, Physics*, 29(5), 941-952. [https://doi.org/10.1016/0360-3016\(94\)90387-5](https://doi.org/10.1016/0360-3016(94)90387-5)
- Salani, R., Backes, F. J., Fung, M. F. K., Holschneider, C. H., Parker, L. P., Bristow, R. E., & Goff, B. A. (2011). Posttreatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncologists recommendations. *American Journal of Obstetrics and Gynecology*, 204(6), 466-478. <https://doi.org/10.1016/j.ajog.2011.03.008>
- Shuryak, I., Sachs, R. K., Hlatky, L., Little, M. P., Hahnfeldt, P., & Brenner, D. J. (2006). Radiation-induced leukemia at doses relevant to radiation therapy: Modeling mechanisms and estimating risks. *Journal of the National Cancer Institute*, 98(24), 1794-1806. <https://doi.org/10.1093/jnci/djj497>
- Storm, H. H. (1988). Second primary cancer after treatment for cervical cancer. Late effects after radiotherapy. *Cancer*, 61(4), 679-688. [https://doi.org/10.1002/1097-0142\(19880215\)61:4<679::AID-CNCR2820610411>3.0.CO;2-S](https://doi.org/10.1002/1097-0142(19880215)61:4<679::AID-CNCR2820610411>3.0.CO;2-S)
- Tominaga, K., Koyama, Y., Sasagawa, M., Obata, N., Kamata, H., Yamaguchi, E., & Nagai, M. (1995). A follow-up study of patients with cervical cancer after resection, with special emphasis on the incidence of second primary cancers. *Gynecologic Oncology*, 56(1), 71-74. <https://doi.org/10.1006/gyno.1995.1011>
- Werner-Wasik, M., Schmid, C. H., Bornstein, L. E., & Madoc-Jones, H. (1995). Increased risk of second malignant neoplasms outside radiation fields in patients with cervical carcinoma. *Cancer*, 75(9), 2281-2285. [https://doi.org/10.1002/1097-0142\(19950501\)75:9%3C2281::AID-CNCR2820750915%3E3.0.CO;2-Y](https://doi.org/10.1002/1097-0142(19950501)75:9%3C2281::AID-CNCR2820750915%3E3.0.CO;2-Y)
- Zippin, C., Lum, D., Kohn, H. I., & Bailar 3rd, J. C. (1981). Late effects of radiation therapy for cancer of the uterine cervix. *Cancer Detection and Prevention*, 4(1-4), 487-492. Retrieved from <https://europepmc.org/article/med/7349815>

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DEVELOPMENT CREDITS

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