Survivorship – Cervical Cancer (Includes Vulvar and Vaginal)

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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

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

SURVEILLANCE
Annual physical exam with:
- PAP test
- Pelvic exam

New primary or recurrent disease?

Yes
Return to primary treating physician
No
Continue survivorship monitoring

DISPOSITION

MONITORING FOR LATE EFFECTS
Consider the following:
- Colonoscopy
- Bone Health (see Gynecologic Cancer Survivorship: Bone Health algorithm)
- Patient education regarding radiation therapy complications
- Suggest use of vaginal dilator after radiation therapy
- Sexual health

RISK REDUCTION/EARLY DETECTION
Patient education, counseling, and screening:
- 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

PSYCHOSOCIAL FUNCTIONAL
Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Social support
- Financial stressors

Department of Clinical Effectiveness V7
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SUGGESTED READINGS


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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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