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

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Annual physical exam with:
• PAP and pelvic exam

New primary or recurrent disease?

Yes

See appropriate cancer treatment algorithm

No

Continue survivorship monitoring

Consider the following:
• Coloscopy
• Bone Health (see Gynecologic Cancer Survivorship: Bone Health Algorithm)
• Patient education regarding radiotherapy complications
• Suggest use of vaginal dilator after radiation therapy
• Sexual health

MONITORING FOR LATE EFFECTS

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

Assess for:
• Distress management (see Distress Screening and Psychosocial Management Algorithm)
• Social support
• Financial stressors

PSYCHOSOCIAL FUNCTIONAL

DISPOSITION

Cervical Cancer

Vulvar cancer treated with radiotherapy:
• 3 years post-treatment and NED

Cervical and vaginal cancer:
• 5 years post-treatment and NED

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

Refer or consult as indicated

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Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 10/31/2017
SUGGESTED READINGS


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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