Survivorship – Cervical Cancer (Includes Vulvar and Vaginal)

ELIGIBILITY

Cervical Cancer

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

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

CONCURRENTLY

SURVEILLANCE

Annual physical exam with:
- PAP and pelvic exam

New primary or recurrent disease?

Yes

See appropriate cancer treatment algorithm

No

Continue survivorship monitoring

RISK REDUCTION/EARLY DETECTION

Consider the following:
- Breast screening (see Breast Cancer Screening Algorithm)
- Colorectal screening (See Colorectal Cancer Screening Algorithm)
- Diet/weight management (See Adult Nutrition Algorithm)
- Exercise/activity (See Physical Activity Algorithm)
- Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
- Tobacco cessation if current smoker or recent quitter (See Tobacco Cessation Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)

MONITORING FOR LATE EFFECTS

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

PSYCHOSOCIAL FUNCTIONAL

Assess for:
- Distress (See Distress Screening and Psychosocial Management Algorithm)
- Social support
- Financial stressors

NED = no evidence of disease

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.
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SUGGESTED READINGS


NCCN Clinical Practice Guidelines in Oncology, Cervical Cancer V3.2013


This survivorship algorithm is based on majority expert opinion of the Gynecologic Survivorship work group at the University of Texas MD Anderson Cancer Center.

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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