Survivorship – Chronic Lymphocytic Leukemia (CLL)

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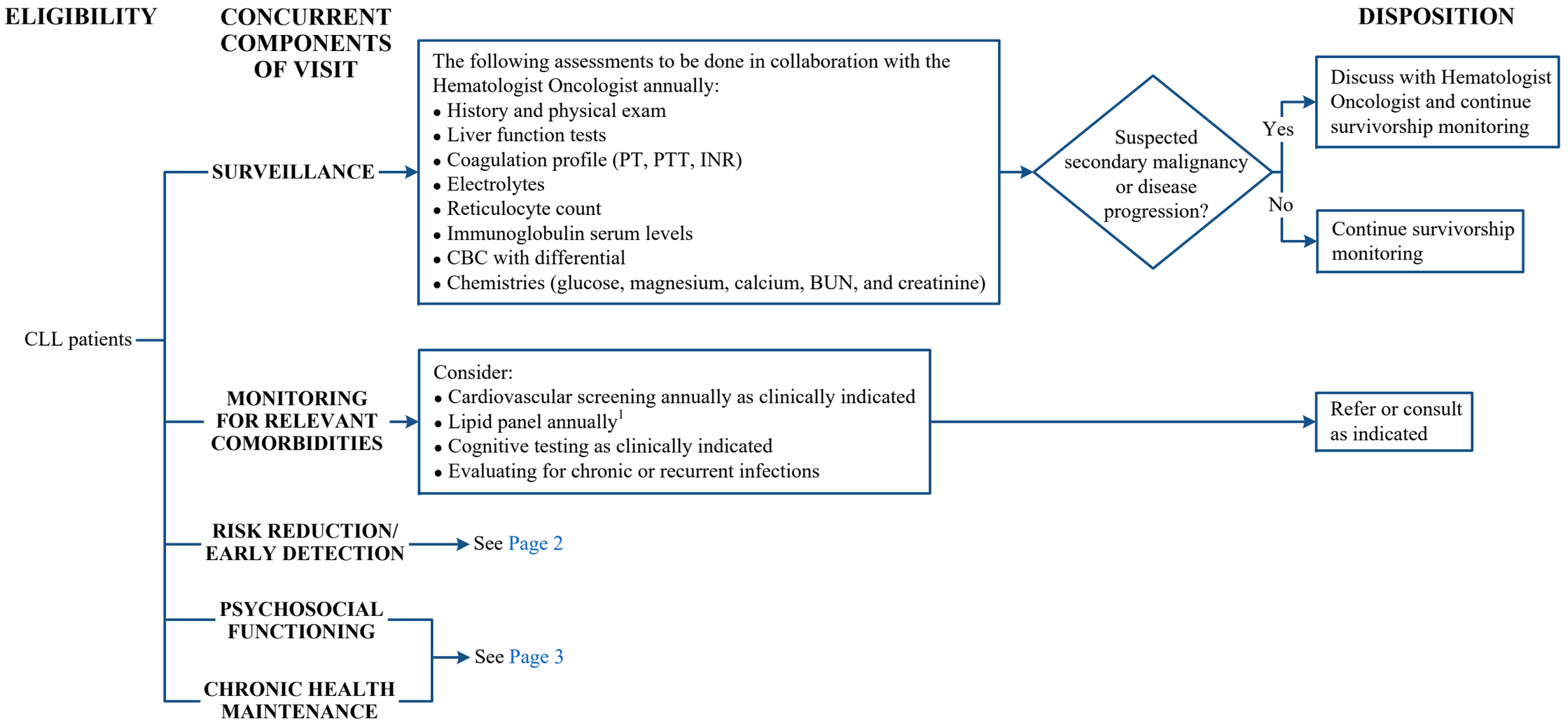

INR = international normalized ratio
PT = prothrombin time
PTT = partial thromboplastin time

[1] Labs may be monitored by primary care provider (PCP)

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ELIGIBILITY	CONCURRENT COMPONENTS OF VISIT		DISPOSITION
CLL patients *(continued from previous page)*	**RISK REDUCTION/ EARLY DETECTION**	Patient education, counseling and screening: • Lifestyle risk assessment[1] • Cancer screening[2] as per guideline: ◦ Skin exam ◦ Colonoscopy ◦ Screening mammogram ◦ Prostate cancer screening ◦ Screening pap smears ◦ Low-dose CT lung screening • Vision/cataract screening (see Cataract Screening algorithm) • Screening for Hepatitis B and C if not previously done (see Hepatitis B Virus (HBV) Screening and Management and Hepatitis C Virus (HCV) Screening algorithms) • Vaccinations[3] as appropriate. No live, attenuated vaccines. ◦ HPV vaccination as clinically indicated (see HPV Vaccination algorithm) ◦ For pneumococcal vaccine schedules, see Appendix A ◦ Influenza vaccination yearly. Fluzone® high-dose trivalent is preferred regardless of age. ◦ Consider one dose of tetanus-diphtheria-pertussis (Tdap) vaccine as an adult if patient has not received Tdap previously and there are no contraindications. Thereafter tetanus-diphtheria (Td) vaccination every 10 years. ◦ Zoster Vaccine Recombinant, Adjuvanted (Shingrix)[4] ◦ Covid-19 vaccination as per CDC guideline ◦ Hepatitis B vaccination as per CDC guideline ◦ Respiratory syncytial virus (RSV) vaccination as per CDC guideline. Recommended for all adults ages 75 years and older and adults ages 60-74 years old who are at increased risk for severe RSV. ◦ Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations ◦ Patients should discuss recommendation for vaccinations of household members with providers	Refer or consult as indicated

[1] 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
[2] Includes breast, cervical, colorectal, lung, prostate, and skin cancer screening
[3] Based on Centers for Disease Control and Prevention (CDC) guidelines and American Society of Clinical Oncology (ASCO) guidelines
[4] Can be administered > 6 months after anti-CD20 monoclonal antibody treatment

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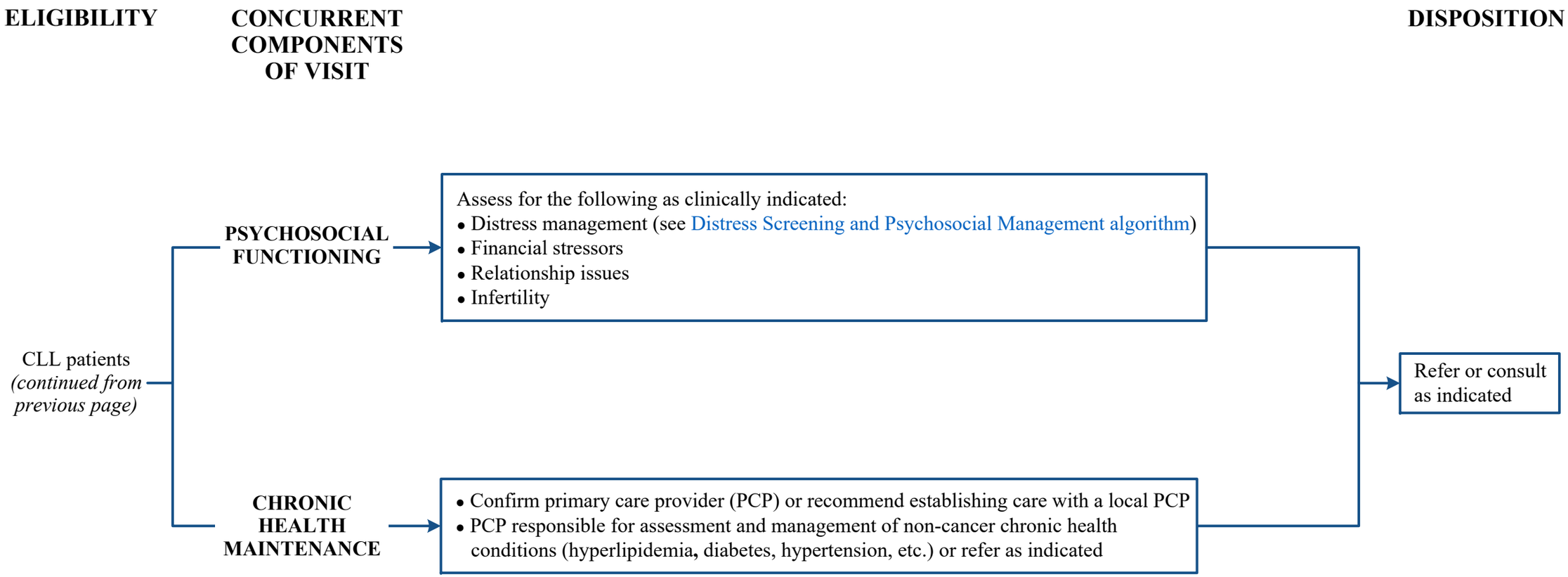

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APPENDIX A: Pneumococcal Vaccine[1] Schedules for Adults

Prior Vaccines	Recommendations
None or Unknown	1 dose of PCV20 **or** 1 dose of PCV15 followed by 1 dose of PPSV23 at least 8 weeks after PCV15
PPSV23 only	1 dose of PCV20 **or** PCV15 at least ≥ 1 year after the last pneumococcal vaccine
PCV13 only	1 dose of PCV20 **or** PPSV23 at least 8 weeks after PCV13, with second dose of PPSV23 given at least ≥ 5 years
PCV13 and 1 dose of PPSV23	1 dose of PCV20 at least ≥ 5 years after the last pneumococcal vaccine or 1 dose of PPSV23 at least 8 weeks after PCV13 and at least ≥ 5 years after the first dose of PPSV23
PCV13 and 2 doses of PPSV23[2]	The decision to administer 1 dose of PCV20 at least ≥ 5 years of last pneumococcal vaccine is a shared clinical decision between the patient and the provider

PCV13 = pneumococcal 13-valent conjugate vaccine
PCV15 = pneumococcal 15-valent conjugate vaccine
PCV20 = pneumococcal 20-valent conjugate vaccine
PCV21 = pneumococcal 21-valent conjugate vaccine
PPSV23 = pneumococcal polysaccharide 23-valent vaccine

[1] Based on Centers for Disease Control and Prevention (CDC) guidelines. PCV21 may be considered in place of PCV20 based on availability. PCV21 is not on MD Anderson formulary.
[2] For adults ages ≥ 65 years of age, who received 1 dose of PCV13 at any age and all recommended doses of PPSV23 (including 1 dose of PPSV23 at ≥ 65 years of age)

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DEVELOPMENT CREDITS

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