Survivorship – Chronic Lymphocytic Leukemia (CLL) 

The following assessments to be done in collaboration with the Hematologist Oncologist:
- History and physical exam
- Liver function tests
- Coagulation profile
- Electrolytes
- Reticulocyte count
- Immunoglobulin serum levels
- CBC with differential and chemistries (glucose, magnesium, calcium, BUN, and creatinine)

Suspected secondary malignancy or disease progression?

- Yes: Discuss with Hematologist Oncologist and continue survivorship monitoring
- No: Continue survivorship monitoring

Consider:
- Cardiovascular screening\(^1\) annually as clinically indicated
- Lipid panel annually\(^2\)
- Cognitive testing as clinically indicated
- Evaluating for chronic or recurrent infections

\(^1\) Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
\(^2\) Labs may be monitored by primary care provider (PCP)
Survivorship – Chronic Lymphocytic Leukemia (CLL)

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**ELIGIBILITY**

- CLL patients (continued from previous page)

**CONCURRENT COMPONENTS OF VISIT**

- Patient education, counseling and screening:
  - Lifestyle risk assessment
  - Cancer screening:
    - 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 as appropriate
    - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
    - For pneumococcal vaccine schedules, see Appendix A
    - Influenza vaccination yearly
    - 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
    - No live, attenuated vaccine
    - 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 vaccines of household members
  - Zoster Vaccine Recombinant, Adjuvanted (Shingrix)4
  - Covid-19 vaccination as per CDC guideline
  - Hepatitis B vaccination as per CDC guideline
  - No live, attenuated vaccine
  - 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 vaccines of household members

**RISK REDUCTION/EARLY DETECTION**

- Assess for the following as clinically indicated:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Access to primary health care for annual visit
  - Relationship issues
  - Financial stressors
  - Infertility
  - Distress management (see Distress Screening and Psychosocial Management algorithm)

**PSYCHOSOCIAL FUNCTIONING**

1. See Physical Activity, Nutrition, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
2. Includes breast, cervical (if appropriate), colorectal, lung, pancreatic, prostate, and skin cancer screening
3. Based on Centers for Disease Control and Prevention (CDC) guidelines
4. Can be administered > 6 months after anti-CD20 monoclonal antibody treatment

**DISPOSITION**

Refer or consult as indicated

Department of Clinical Effectiveness V1

Approved by The Executive Committee of the Medical Staff on 11/15/2023
APPENDIX A: Pneumococcal Vaccine\(^1\) Schedules for Adults

<table>
<thead>
<tr>
<th>Prior Vaccines</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None or Unknown</td>
<td>1 dose of PCV20 or 1 dose of PCV15 followed by 1 dose of PPSV23 at least 8 weeks after PCV15</td>
</tr>
<tr>
<td>PPSV23 only</td>
<td>1 dose of PCV20 or PCV15 at least ≥ 1 year after the last pneumococcal vaccine</td>
</tr>
<tr>
<td>PCV13 only</td>
<td>1 dose of PCV20 or PPSV23 at least 8 weeks after PCV13, with second dose of PPSV23 given at least ≥ 5 years</td>
</tr>
<tr>
<td>PCV13 and 1 dose of PPSV23</td>
<td>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</td>
</tr>
<tr>
<td>PCV13 and 2 doses of PPSV23(^2)</td>
<td>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</td>
</tr>
</tbody>
</table>

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

\(^1\) Based on Centers for Disease Control and Prevention (CDC) guidelines  
\(^2\) 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)
SUGGESTED READINGS

https://my.vanderbilthealth.com/heart-damage-chemotherapy-radiation/


Continued on next page
SUGGESTED READINGS - continued


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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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