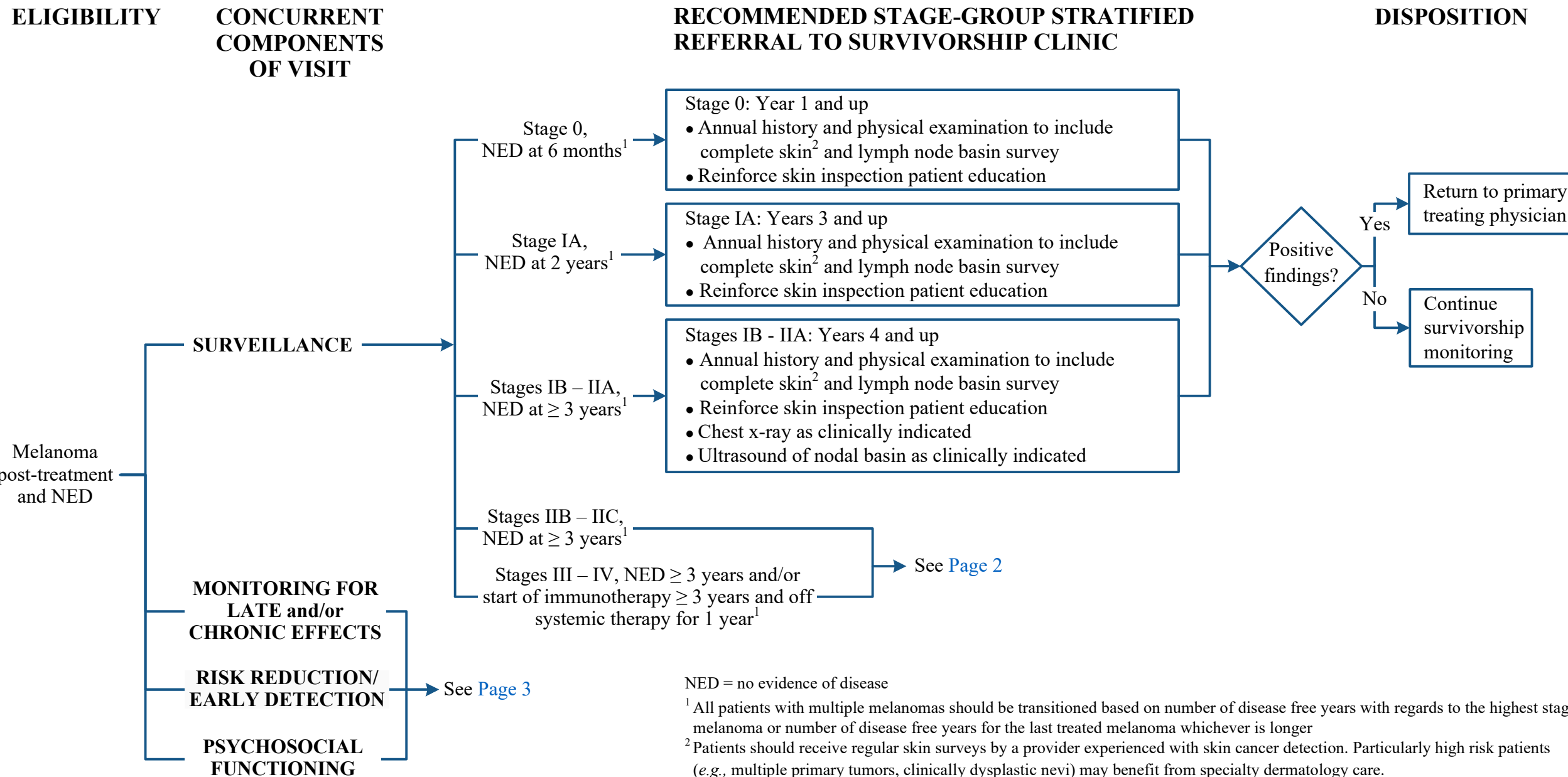
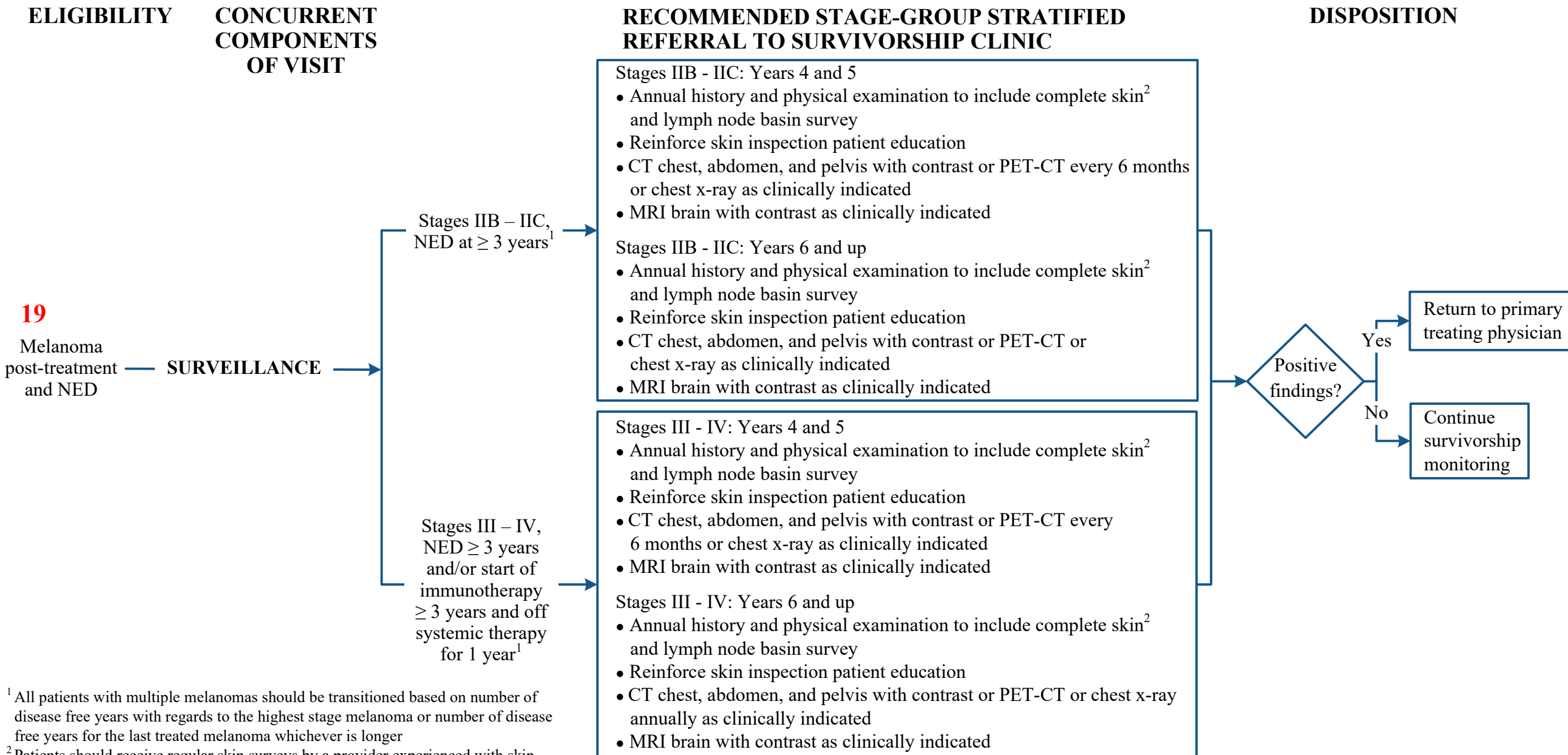


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¹ All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer

² Patients should receive regular skin surveys by a provider experienced with skin cancer detection. Particularly high risk patients (e.g., multiple primary tumors, clinically dysplastic nevi) may benefit from specialty dermatology care.

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Melanoma post-treatment and NED

MONITORING FOR LATE and/or CHRONIC EFFECTS

- Assess for:
- Lymphedema (upper and lower limbs)
 - Range of motion
 - Assess and manage autoimmune complications¹
 - Co-manage chronic autoimmune adverse events with appropriate organ site specialist
 - Evaluate newly emergent inflammatory conditions as potential late autoimmune adverse events

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment²
 - Sun and tanning bed exposure counseling
 - Cancer screening³
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
 - Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B Virus \(HBV\) Screening and Management](#), [Hepatitis C Virus \(HCV\) Screening algorithms](#))
 - Consider cardiovascular risk reduction⁴
 - Vaccinations⁵ as appropriate

PSYCHOSOCIAL FUNCTIONING

- Assess for:
- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
 - Body image
 - Financial stressors
 - Social support

Refer or consult as indicated

¹ Though most immune-related adverse events (irAEs) occur while on immunotherapy, some irAEs can manifest late and/or treatment-emergent irAEs may become chronic. Endocrine organ irAEs (ie hypothyroidism, adrenal insufficiency, Type 1 Diabetes Mellitus) are permanent and must be treated with life-long hormonal replacement with appropriate monitoring. Other irAEs, most commonly rheumatological or neurological, may be chronic or relapsing/remitting and require chronic immunosuppression. These chronic irAEs should be co-managed with appropriate organ site specialist. Thyroid function should be monitored annually in patients with immunotherapy exposure and the possibility of late irAEs considered for new inflammatory issues.

² See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

⁴ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

⁵ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

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