Diffuse Large B-Cell Lymphoma, 5 years post treatment, and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Annual:
- History and physical examination
- CBC with differential, CMP, lipid panel, HgbA1c, and vitamin D 25-OH
- Chest x-ray

Consider:
- Cardiovascular risk and symptom assessment
  - Consider follow-up with cardiology for patients with history of chest radiation therapy and/or anthracycline exposure
- Lung cancer screening for high risk smoker and/or treatment with radiotherapy to the thorax
  (see Lung Cancer Screening algorithm)
- Annual breast screening 8-10 years post treatment
  (if treated with radiation to the chest or axilla) or at age 40, whichever comes first
  (see Breast Cancer Screening algorithm)
- MRI breast (bilateral) in addition to screening mammography for women who received irradiation
to the chest between the ages of 10 and 30 years
- Colonoscopy starting at age 45 or sooner if family history

New primary or recurrent disease?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

- Annual thyroid-stimulating hormone (TSH), free T4, and carotid ultrasound if prior radiation to the neck
- Annual skin examination
- Annual DEXA scan for bone density monitoring as indicated:
  - For all patients ≥40 years old
  - For patients <40 years old if post chemotherapy or radiotherapy
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis
  (See Asplenia/Hyposplenia – Management of Adult Patients algorithm)
- Cognitive testing if prior radiation to the brain, as clinically indicated
- Check immunoglobulin levels as clinically indicated
  - Annually for patients whose prior levels showed continued persistent deficiencies post treatment
  - Every 6 months for patients with history of recurrent infections

PSYCHOSOCIAL FUNCTIONING

See Page 2

DISPOSITION

ELIGIBILITY

SURFACE

Concurrent Components of Visit

Disability: 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.

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
2 Based on National Comprehensive Cancer Network (NCCN) guidelines

NED = no evidence of disease
CMP = complete metabolic panel
Survivorship – Diffuse Large B-Cell Lymphoma

CONCURRENT COMPONENTS OF VISIT

RISK REDUCTION/EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment\(^1\)
- Cancer screening\(^2\)
- Vaccinations\(^3\) as appropriate
  - Influenza vaccination annually, COVID complete vaccination and boosters, Tdap, shingles vaccine (if not already given), and other adult vaccines based on age and immune status (see NCCN guidelines: Survivorship: Immunizations and Infections)
  - Pneumococcal, meningococcal, and H. influenza B revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy (see Asplenia/Hyposplenia – Management of Adult Patients algorithm)
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B (HBV) Screening and Management, Hepatitis C (HCV) Screening algorithms)

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Access to primary health care
- Relationship issues
- Employment status/financial issues

DISPOSITION

NED = no evidence of disease
CMP = complete metabolic panel
\(^1\) See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
\(^2\) Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
\(^3\) Based on Center for Disease Control and Prevention (CDC) guidelines. For COVID information, see CDC COVID vaccination guidelines.

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Refer or consult as indicated
SUGGESTED READINGS


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