Survivorship – Diffuse Large B-Cell Lymphoma

Disclaimer: 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.

### ELIGIBILITY
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\(^1\) – consider follow-up with cardiology for patients with history of chest radiation therapy and/or anthracycline exposure\(^2\)
- 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 mammography for women who received irradiation to the chest between the ages of 10 and 30 years

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

### DISPOSITION

- Annual thyroid-stimulating hormone (TSH), free T4, and carotid ultrasound if prior radiation to the neck
- Annual skin examination
- Bone health education
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis\(^1\)
- 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

### MONITORING FOR LATE EFFECTS

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

### RISK REDUCTION/EARLY DETECTION

- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)

### PSYCHOSOCIAL FUNCTIONING

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

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\(^1\) Based on Center for Disease Control and Prevention (CDC) guidelines
\(^2\) Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
\(^3\) Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

Approved by the Executive Committee of the Medical Staff on 04/20/2021
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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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