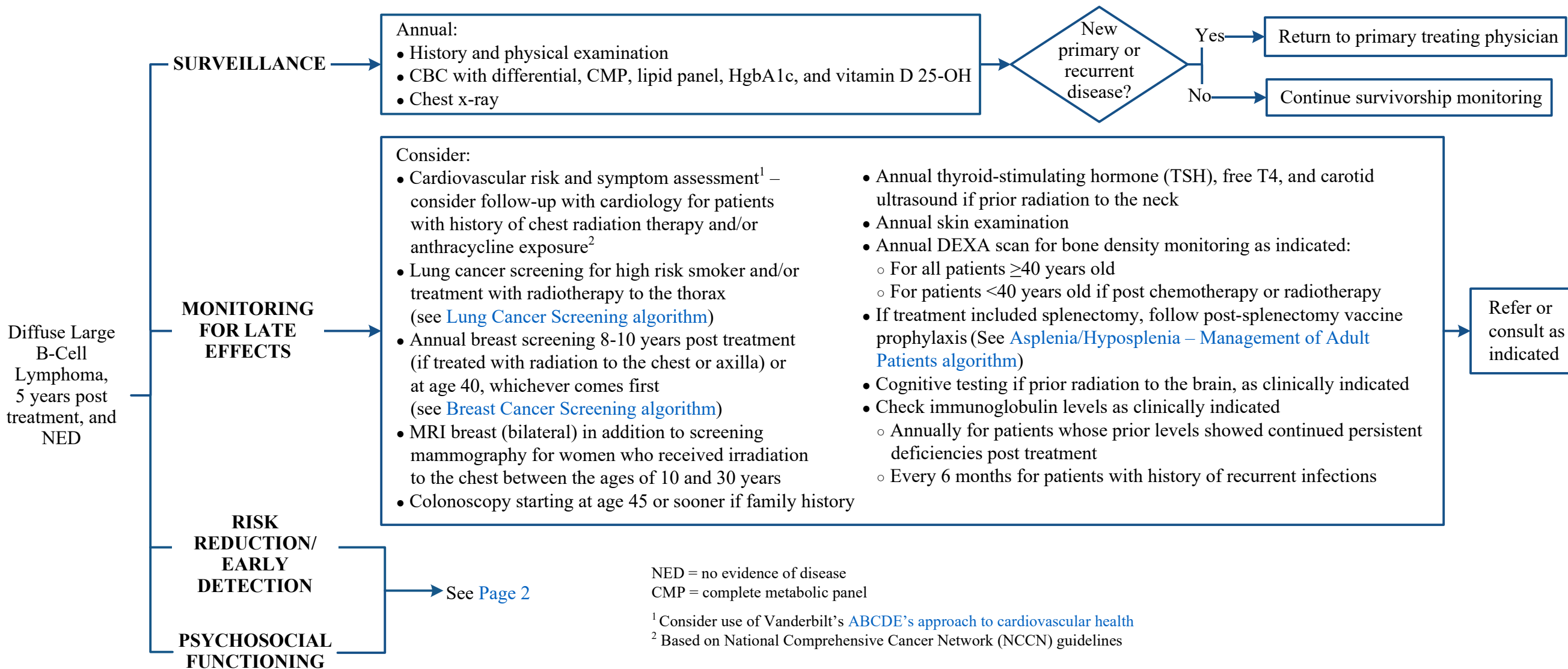


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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



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CONCURRENT COMPONENTS OF VISIT

DISPOSITION

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - Vaccinations³ 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](#))

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

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

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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SUGGESTED READINGS

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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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