Survivorship - Esophageal Cancer

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**

- Esophageal cancer 3 years post-treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

- Years 3 and up:
  - History and physical annually
  - CT chest/abdomen versus PET/CT annually
  - If history of Barrett’s esophagus, EGD every 2-3 years
  - Consider chemistry profile and CBC as clinically indicated

**SURVEILLANCE**

- Abnormal findings:
  - Yes: Return to primary treating physician
  - No: Continue survivorship monitoring

**MONITORING FOR LATE EFFECTS**

- Assess for:
  - Fatigue
  - Cardiovascular screening
  - Pulmonary status
  - GI disturbance

**RISK REDUCTION/EARLY DETECTION**

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - 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)
  - Assess for alcohol use
  - Vaccinations as appropriate

**PSYCHOSOCIAL FUNCTIONING**

- Assess for:
  - Distress (see Distress Screening and Psychosocial Management Algorithm)
  - Depression
  - Financial stressors
  - Social support

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NED = no evidence of disease

EGD = esophagogastroduodenoscopy

1 Labs may be monitored by PCP

2 Abnormal findings may include but are not limited to:
  - Recurrent or metastatic disease
  - Diaphragmatic hernia
  - Delayed gastric emptying
  - Severe reflux and aspiration

3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

4 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

5 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

6 Based on Centers for Disease Control and Prevention (CDC) guidelines

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Department of Clinical Effectiveness V1

Approved by the Executive Committee of the Medical Staff on 09/26/2017
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SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Esophageal 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:

Marcia Blum Murphy, MD
Vickie DeVito, PA-C
Katherine Gilmore, MPH, CCRP
Wayne Hofstetter, MD
Shonice Holdman, MBA*
Susan Knippel, FNP-C, RN
Paula Lewis-Patterson, DNP, RN, NEA-BC
Janette Mares, PA-C
Amy Pai, PharmD*
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Développement des services

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