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

NED = no evidence of disease
EGD = esophagogastroduodenoscopy
SCC = squamous cell carcinoma

1 Patients are at risk for secondary head and neck cancer, order CT neck (soft tissue). PET/CT may replace CT neck (soft tissue) if appropriate. For abnormal scan, refer to or consult Head & Neck Surgery for examination and evaluation.

2 Laboratory tests may be monitored by PCP

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

**CONCURRENT COMPONENTS OF VISIT**

**YEARS 3 AND UP:**
- History and physical annually
- CT chest and abdomen or PET/CT annually
  - For SCC of proximal esophagus, add CT head and neck to the CT chest and abdomen imaging studies performed annually
- EGD every 2 years if history of Barrett’s esophagus or SCC of proximal esophagus
- Consider comprehensive metabolic panel and CBC as clinically indicated
- Consider collection of standardized patient reported outcomes annually

**SURVEILLANCE**

**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

**DISPOSITION**

Return to primary treating physician

Abnormal findings?

Yes

No

Continue survivorship monitoring

Refer or consult as indicated

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

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

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Department of Clinical Effectiveness V2

Approved by the Executive Committee of the Medical Staff on 08/27/2019
SUGGESTED READINGS


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SUGGESTED READINGS - continued


DEVELOPMENT CREDITS

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:

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