

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

## CONCURRENT COMPONENTS OF VISIT

## DISPOSITION

Esophageal cancer  
 3 years  
 post-treatment and  
 NED

### SURVEILLANCE

### MONITORING FOR LATE EFFECTS

### RISK REDUCTION/ EARLY DETECTION

### PSYCHOSOCIAL FUNCTIONING

- Years 3 and up:
- History and physical annually
  - CT **or** PET/CT chest and abdomen as clinically indicated
    - For SCC of proximal esophagus, CT neck<sup>1</sup> (soft tissue) **or** PET/CT head and neck<sup>1</sup> as clinically indicated
  - Consider comprehensive metabolic panel and CBC as clinically indicated<sup>2</sup>
  - Consider collection of standardized patient reported outcomes annually
  - EGD for Barrett's esophagus (BE):
    - For recurrent BE above anastomosis: Consider annually **or** every two years as clinically indicated
  - EGD for esophageal adenocarcinoma (EAC):
    - 3-5 years post-treatment: As clinically indicated
    - 5-10 years post-treatment: Consider every two years until 80 years old as per patient's performance status
    - Past 10 years post-treatment: As clinically indicated
  - EGD for squamous cell carcinoma (SCC):
    - 3-10 years post-treatment: Consider annually **or** every two years as clinically indicated until 80 years old as per patient's performance status
    - Past 10 years post-treatment: Consider every 2 years as clinically indicated until 80 years old as per patient's performance status

See [Page 2](#)

Abnormal findings<sup>3</sup>?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

NED = no evidence of disease  
 EGD = esophagogastroduodenoscopy

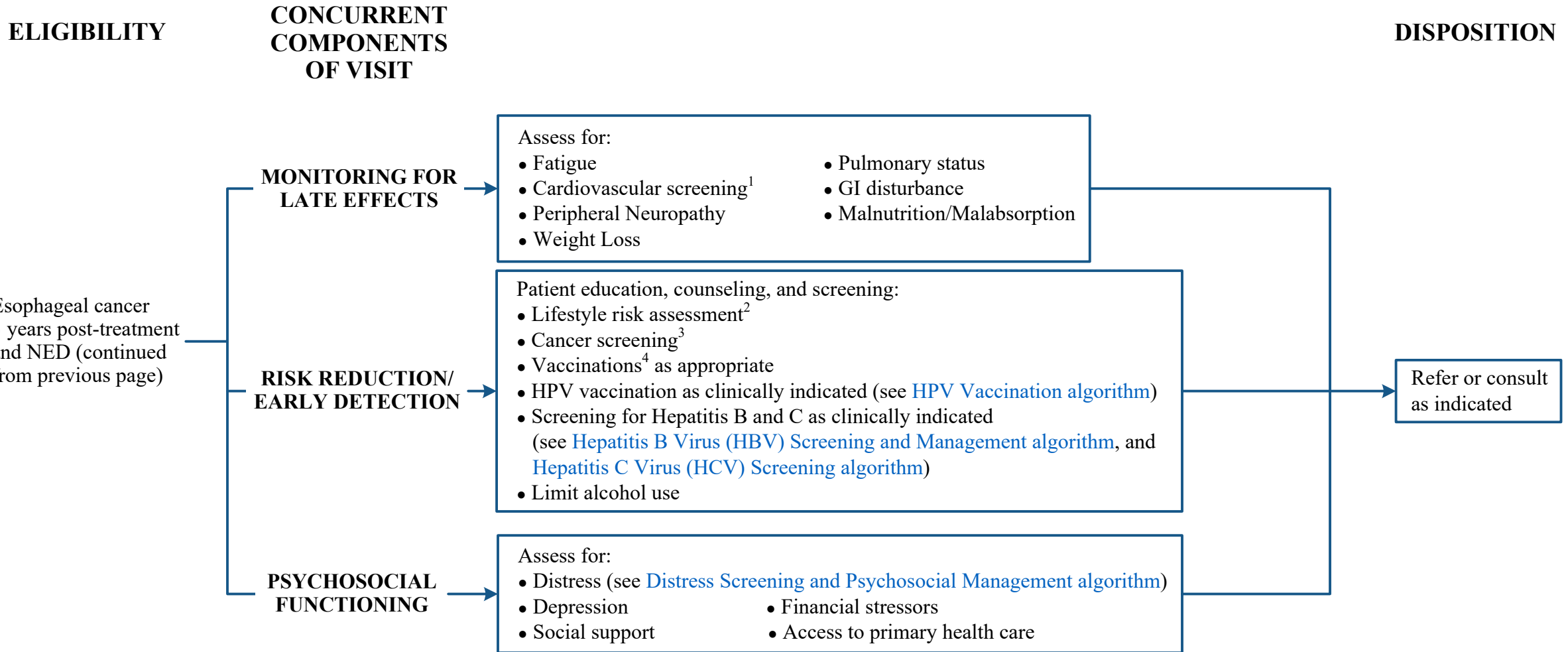
<sup>1</sup> Patients are at risk for secondary head and neck cancer. For abnormal scan, refer to or consult Head & Neck Surgery for examination and evaluation.

<sup>2</sup> Laboratory tests may be monitored by PCP

<sup>3</sup> Abnormal findings may include but are not limited to:

- Recurrent or metastatic disease
- Delayed gastric emptying
- Diaphragmatic hernia
- Severe reflux and aspiration

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<sup>1</sup> Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

<sup>2</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>3</sup> Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

<sup>4</sup> Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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## 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:

### Core Development Team Leads

Ara Vaporciyan, MD (Thoracic & Cardiovascular Surgery)

### Workgroup Members

Mariela Blum Murphy, MD (GI Medical Oncology)

Vikki DeVito, PA-C (Thoracic & Cardiovascular Surgery)

Danielle Fournier DNP, APRN, AGPCNP-BC (Thoracic & Cardiovascular Surgery)

Katherine Gilmore, MPH (Cancer Survivorship)

Wendy Garcia, BS<sup>♦</sup>

Wayne Hofstetter, MD (Thoracic & Cardiovascular Surgery)

Toha Kazantsev, BSN, RN, OCN<sup>♦</sup>

Susan Knippel, DNP, APRN, FNP-C (Thoracic & Cardiovascular Surgery)

Steven Lin, MD (Radiation Oncology)

Jeannette Mares, PA-C (GI Medical Oncology)

Hannah Warr, MSN, RN, CPHON<sup>♦</sup>

<sup>♦</sup>Clinical Effectiveness Development Team