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 or PET/CT chest and abdomen as clinically indicated
    - For SCC of proximal esophagus, CT neck\(^1\) (soft tissue) or PET/CT head and neck\(^1\) as clinically indicated
  - Consider comprehensive metabolic panel and CBC as clinically indicated\(^2\)
  - 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

**SURVEILLANCE**

- Abnormal findings\(^3\)?
  - Yes: Return to primary treating physician
  - No: Continue survivorship monitoring

**MONITORING FOR LATE EFFECTS**

- Risk reduction/Early detection
- Psychosocial functioning

**RISK REDUCTION/EARLY DETECTION**

- See Page 2

**PSYCHOSOCIAL FUNCTIONING**

1 Patients are at risk for secondary head and neck cancer. 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
  - Diaphragmatic hernia
  - Delayed gastric emptying
  - Severe reflux and aspiration

NED = no evidence of disease
EGD = esophagogastroduodenoscopy

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Department of Clinical Effectiveness V3
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**ELIGIBILITY**

Esophageal cancer 3 years post-treatment and NED (continued from previous page)

**CONCURRENT COMPONENTS OF VISIT**

- **MONITORING FOR LATE EFFECTS**
  - Patient education, counseling, and screening:
    - Lifestyle risk assessment
    - Cancer screening
    - Vaccinations as appropriate
    - 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)
    - Limit alcohol use
  - Assess for:
    - Fatigue
    - Cardiovascular screening
    - Peripheral Neuropathy
    - Pulmonary status
    - GI disturbance
    - Malnutrition/Malabsorption

- **RISK REDUCTION/EARLY DETECTION**
  - Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

- **PSYCHOSOCIAL FUNCTIONING**
  - Distress (see Distress Screening and Psychosocial Management algorithm)
  - Depression
  - Social support
  - Financial stressors
  - Access to primary health care

**DISPOSITION**

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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SUGGESTED READINGS


Continued on next page
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:

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