Survivorship – Follicular Lymphoma Stage I or II

ELIGIBILITY

Follicular B-Cell Lymphoma, Stage I or II, 10 years post treatment, and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Annual:
- History and physical examination with full nodal survey
- CBC with differential, CMP, lipid panel, and vitamin D 25-OH
- Consider CT chest, abdomen, and/or pelvis as clinically indicated

New primary or recurrent disease?

DISPOSITION

Yes → Return to primary treating physician

No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Consider:
- Annual cardiovascular screening[1]
- Annual breast screening 8-10 years post-treatment (if treated with radiation to the chest or axilla) or at age 40, whichever comes first (see Breast Cancer Screening algorithm)
- MRI breast (bilateral) in addition to screening mammography for women who received irradiation to the chest between the ages of 10 and 30 years
- Annual thyroid-stimulating hormone (TSH) and free T4 if prior radiation to neck or chest
- Colon screening via colonoscopy starting at age 45
- Annual skin examination
- Bone health education and screening via DEXA scan starting at age 40
- Monitor for neuropathy symptoms
- Check immunoglobulin levels as clinically indicated
  - Annually for patients whose prior levels showed continued persistent deficiencies post treatment
  - Every 6 months for patients with a history of recurrent infections

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- Vaccinations[4] as appropriate
  - Annual influenza vaccination, 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)
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)

PSYCHOSOCIAL FUNCTIONING

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

Refer or consult as indicated

NED = no evidence of disease
CMP = complete metabolic panel
DEXA = dual-energy x-ray absorptiometry

[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. For COVID information, see CDC COVID vaccination guidelines.

Department of Clinical Effectiveness V7
Approved by the Executive Committee of the Medical Staff on 04/18/2023

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