Survivorship – Follicular Lymphoma Stage I or II

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

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

Consider:
- Annual cardiovascular screening\(^1\)
- Annual breast screening 8-10 years post-treatment (if treated with irradiation to the chest or axilla) or at age 40, whichever comes first (see Breast Cancer Screening algorithm)
- MRI breast (bilateral) in addition to 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
- Annual skin examination

MONITORING FOR LATE EFFECTS

- Bone health education
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis\(^2\)
- 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

Patient education, counseling, and screening:
- Lifestyle risk assessment\(^3\)
- Cancer screening\(^4\)
- Vaccinations\(^2\) as appropriate
  - Annual influenza vaccination
  - Pneumococcal, meningococcal, and H. influenza B revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy

- 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)

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

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

DISPOSITION

New primary or recurrent disease?

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

\(^1\) Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

\(^2\) Based on Centers for Disease Control and Prevention (CDC) guidelines.

\(^3\) See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

\(^4\) Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

NED = no evidence of disease

CMP = complete metabolic panel

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.
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SUGGESTED READINGS


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SUGGESTED READINGS - continued


**DEVELOPMENT CREDITS**

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

- Dai Chihara, MD (Lymphoma/Myeloma)
- Luis E. Fayad, MD (Lymphoma/Myeloma)
- Olga N. Fleckenstein*
- Nathan Fowler, MD (Lymphoma/Myeloma)
- Katherine Gilmore, MPH (Cancer Survivorship)
- Thoa Hagemeister, MD (Lymphoma/Myeloma)
- Hun Lee, MD (Lymphoma/Myeloma)
- Loretta Nastoupil, MD (Lymphoma/Myeloma)
- Sattva Neelapu, MD (Lymphoma/Myeloma)
- Alma Rodriguez, MD (Lymphoma/Myeloma)
- Felipe Samaniego, MD (Lymphoma/Myeloma)†
- Jason Westin, MD (Lymphoma/Myeloma)

* Core Development Lead
† Clinical Effectiveness Development Team