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?

- 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 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
- 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

RISK REDUCTION/ EARLY DETECTION

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)

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

Refer or consult as indicated

NED = no evidence of disease
CMP = complete metabolic panel

[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

Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 04/20/2021

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