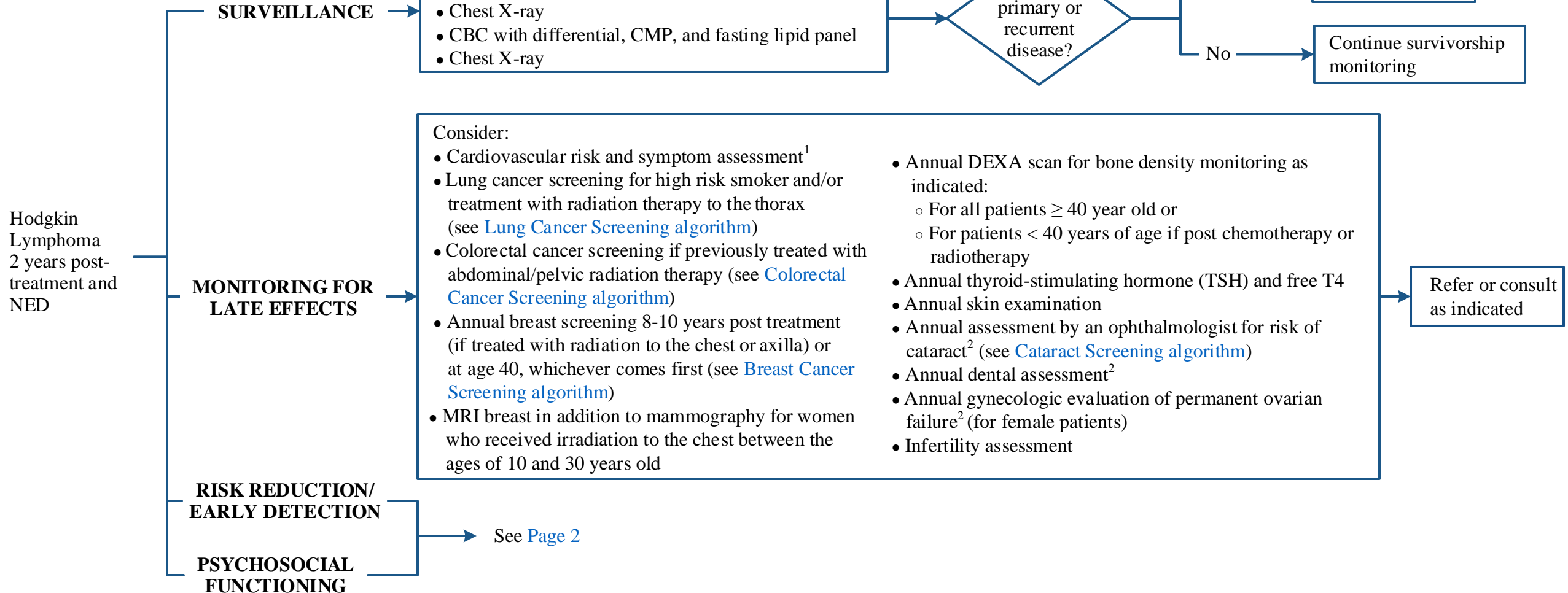


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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



NED = no evidence of disease

DEXA = dual energy x-ray absorptiometry

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

<sup>2</sup> For patients who received an autologous stem cell transplant

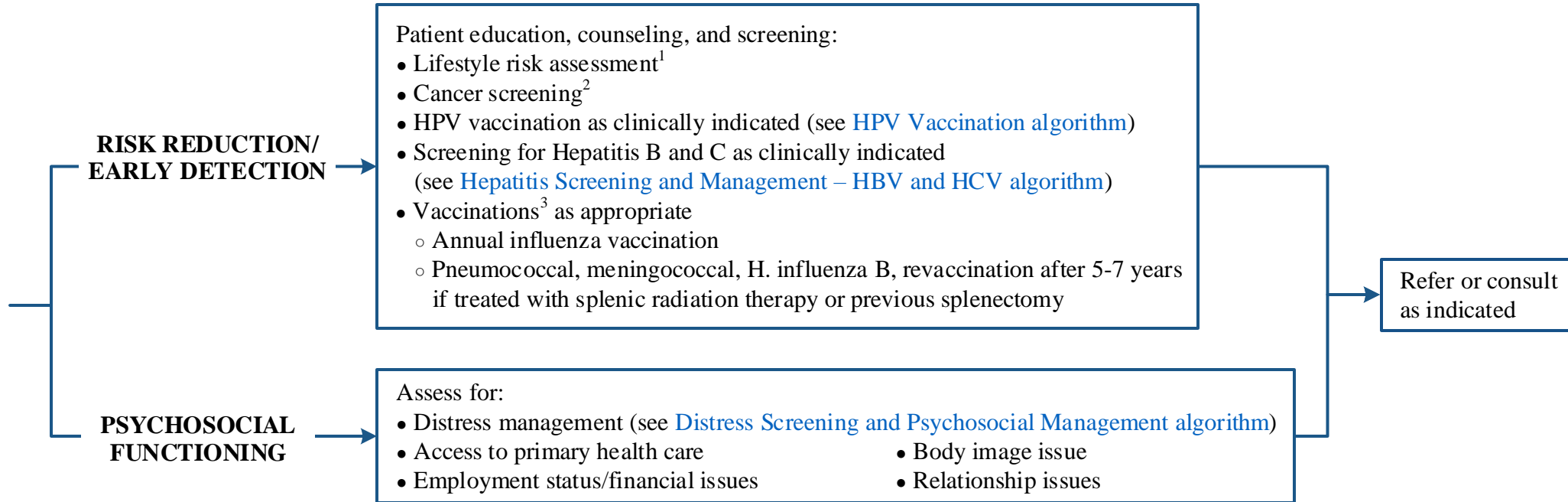
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**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

**DISPOSITION**

Hodgkin Lymphoma  
 2 years post-treatment  
 and NED (continued  
 from previous page)



NED = no evidence of disease

<sup>1</sup> See [Physical Activity, Nutrition, and Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>2</sup> Includes [breast, cervical](#) (if appropriate), [colorectal, liver, lung, pancreatic, prostate, and skin cancer](#) screening

<sup>3</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 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:

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