Survivorship – Hodgkin’s Lymphoma

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

Hodgkin’s Lymphoma 2 years post treatment and NED

SURVEILLANCE

Annual:
- History and physical examination
- Chemistry and platelet count
- Lipid panel

New primary or recurrent disease?

Yes → Return to primary treating physician

No → Continue survivorship monitoring

CONCURRENT COMPONENTS OF VISIT

Consider:
- Cardiovascular risk and symptom assessment
- Lung cancer screening for high risk smoker and/or treatment with radiation therapy to the thorax (see Lung Cancer Screening algorithm)
- Colorectal cancer screening if previously treated with abdominal/pelvic radiation therapy (see Colorectal Cancer Screening algorithm)
- 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)

MONITORING FOR LATE EFFECTS

MRI breast in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years old
- Annual thyroid-stimulating hormone (TSH) and free T4
- Annual skin examination
- Annual assessment by an ophthalmologist for risk of cataract (see Cataract Screening algorithm)
- Annual dental assessment
- Annual gynecologic evaluation of permanent ovarian failure (for female patients)
- Infertility assessment

RISK REDUCTION/EARLY DETECTION

MRI breast in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years old
- Annual thyroid-stimulating hormone (TSH) and free T4
- Annual skin examination
- Annual assessment by an ophthalmologist for risk of cataract (see Cataract Screening algorithm)
- Annual dental assessment
- Annual gynecologic evaluation of permanent ovarian failure (for female patients)
- Infertility assessment

PSYCHOSOCIAL FUNCTIONING

See Page 2

DISPOSITION

Refer or consult as indicated

NED = no evidence of disease

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

2 For patients who received an autologous stem cell transplant

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Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 03/26/2019
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Hodgkin’s Lymphoma
5 years post treatment and NED (continued from previous page)

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

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

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Refer or consult as indicated

NED = no evidence of disease

1 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

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

3 Based on Centers for Disease Control and Prevention (CDC) guidelines

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SUGGESTED READINGS


SUGGESTED READINGS - continued


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:

Sairah Ahmed, MD (Lymphoma/Myeloma)†
Luis E. Fayad, MD (Lymphoma/Myeloma)
Olga N. Fleckenstein*
Thoa Kazantsev, BSN, RN, OCN*
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
Andrea Milbourne, MD (Gynecologic Oncology & Reproductive Medicine)
Haleigh Mistry, MPAS, PA (Lymphoma/Myeloma)
Yago Nieto, MD (Stem Cell Transplantation)
Amy Pai, PharmD*
Chelsea C. Pinnix, MD (Radiation Oncology)

† Core Development Lead
* Clinical Effectiveness Development Team