Hodgkin Lymphoma 2 years post-treatment and NED

Department of Clinical Effectiveness

Approved by the Executive Committee of the Medical Staff on 01/19/2021

Survivorship – Hodgkin 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

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Annual (6-12 months for pediatric patients ≤ 18 years):
- History and physical examination
- Chest X-ray
- CBC with differential, CMP, and fasting lipid panel
- Chest X-ray

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)
- MRI breast in addition to mammography for women who received radiation to the chest between the ages of 10 and 30 years old

MONITORING FOR LATE EFFECTS

New primary or recurrent disease?

Yes
- Return to primary treating physician

No
- Continue survivorship monitoring

Consider:
- Annual DEXA scan for bone density monitoring as indicated:
  - For all patients ≥ 40 year old
  - For patients < 40 years of age if post chemotherapy or radiotherapy
- 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

See Page 2

PSYCHOSOCIAL FUNCTIONING

NED = no evidence of disease
DEXA = dual energy x-ray absorptiometry
1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
2 For patients who received an autologous stem cell transplant

DISPOSITION

Refer or consult as indicated
Hodgkin Lymphoma 2 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

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

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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:

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