

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

Hodgkin Lymphoma
 2 years post-treatment and NED

SURVEILLANCE

Years 2-3, every 6 months. Then at 3 year, transition to annually (6-12 months for pediatric patients ≤ 18 years):

- History and physical examination
- Chest x-ray
- CBC with differential, CMP, and fasting lipid panel



Return to primary treating physician

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Consider:

- Cardiovascular risk and symptom assessment¹
- 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](#))
- Breast cancer screening if previously treated with radiation
 - Adult: Annual breast screening 8-10 years post radiation treatment to the chest/axilla or at age 40; whichever comes first (see [Breast Cancer Screening algorithm](#))
 - Annual MRI breast (bilateral) in addition to screening mammography for patients who received irradiation to the chest between the ages of 10 and 30 years old
 - Pediatric: Annual breast screening post radiation treatment to the chest/axilla/TBI beginning at puberty until age 25, then every 6 months
 - Annual MRI breast and screening mammography 8 years post radiation treatment or at age 25; whichever occurs last
- 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 cataract² (see [Cataract Screening algorithm](#))
- Annual dental assessment²
- Annual gynecologic evaluation of permanent ovarian failure² (for female patients)
- Infertility assessment

Refer or consult as indicated

RISK REDUCTION/EARLY DETECTION

See [Page 2](#)

PSYCHOSOCIAL FUNCTIONING

NED = no evidence of disease
 CMP = comprehensive metabolic panel
 DEXA = dual energy x-ray absorptiometry
 TBI = total body irradiation

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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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

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

**RISK REDUCTION/
 EARLY DETECTION**

- Patient education, counseling, and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
 - Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B Virus \(HBV\) Screening and Management](#), [Hepatitis C Virus \(HCV\) Screening algorithms](#))
 - Vaccinations³ as appropriate
 - Annual influenza vaccination
 - Pneumococcal, meningococcal, H. influenza B, revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy (see [Management of Adult Asplenic/Hyposplenic Patients algorithm](#))

**PSYCHOSOCIAL
 FUNCTIONING**

- 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

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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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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