# MDAnderson Survivorship - Larynx/Hypopharynx Cancer

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Making Cancer History®

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Note: Patients who received treatment at a non-MD Anderson facility can be seen in the Survivorship Clinic if they are at least 3 years with no evidence of disease (NED) after a new patient appointment DISPOSITION with HNS or Radiation Oncology • Within 6-12 months of transition to Head and Neck Survivorship clinic: Return to primary **CONCURRENT PATIENT**  History and physical exam treating physician Flexible nasopharyngeal laryngoscopy **COMPONENTS PRESENTATION** • Primary Oncologist Chest x-ray **OF VISITS** to discuss Goal • CT neck (soft tissue) with contrast if < 4 years from completion of treatment Larynx/hypopharynx cancer primary or Concordant Care -SURVEILLANCE → Yespatients: recurrent • Annual: (GCC) with patient, History and physical exam disease? • No distant metastasis: A or if clinically Flexible nasopharyngeal laryngoscopy minimum of 30 months after indicated, with No • Chest x-ray or CT chest/lung surveillance low dose when indicated, see completion of treatment, one Patient Lung Cancer Screening algorithm post-treatment CT soft tissue o CT neck (soft tissue) with contrast if < 4 years from completion of treatment Representative<sup>2</sup> neck<sup>1</sup> with contrast, and NED Consider: or • Annual audiogram • Peripheral neuropathy assessment • History of metastatic disease Continue survivorship • Xerostomia assessment • Dysphagia assessment **MONITORING** after prior local therapy with monitoring • Speech pathology assessment • Dental/osteoradionecrosis assessment FOR LATE complete response to systemic • Annual free T4 and TSH if treated with • Lymphedema assessment **EFFECTS** • Sexual health/fertility assessment therapy: Must be NED for radiation therapy Adult Cardiovascular Screening algorithm) • Cardiovascular screening (see Survivorship – 2 years after cessation of • Modified Barium Swallow study systemic therapy and continued co-management Patient education, counseling and screening: with HNMO and Survivorship Refer or consult • Lifestyle risk assessment<sup>3</sup> **RISK** • Cancer screening<sup>4</sup> as indicated REDUCTION/ HNMO = Head & Neck Medical Oncology • Vaccination<sup>5</sup> as appropriate **EARLY** HNS = Head & Neck Surgery o HPV vaccination as clinically indicated (see HPV Vaccination algorithm) DETECTION • Screening for Hepatitis B and Č as clinically indicated (see Hepatitis B Virus (HBV) Screening <sup>1</sup> MRI neck with and without contrast if and Management and Hepatitis C Virus (HCV) Screening algorithms) there is contraindication to CT iodine contrast <sup>2</sup>GCC should be initiated by the **Primary** Assess for: **Oncologist**. If Primary Oncologist is • Distress management (see Distress Screening and Psychosocial Management algorithm) unavailable, Primary Team/Attending **FUNCTIONING** • Anxiety/depression • Body image • Financial stressors • Social support Physician to initiate GCC discussion and • Access to primary health care notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or

palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only). See Physical Activity, Nutrition, Obesity Screening and Management, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>&</sup>lt;sup>4</sup> Includes breast, cervical, colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

<sup>&</sup>lt;sup>5</sup>Based on American Society of Clinical Oncology (ASCO) guidelines

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### SUGGESTED READINGS

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### **DEVELOPMENT CREDITS**

This survivorship algorithm is based on majority expert opinion of the Head and Neck Survivorship workgroup 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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