Survivorship - Larynx/Hypopharynx Cancer

Patient presents:
- A minimum of 30 months after completion of treatment for larynx/hypopharynx cancer and
- Treated at MDACC and
- Has one post-treatment head and neck CT and
- NED

**NED** = no evidence of disease
**HNSVC** = Head and Neck Survivorship clinic

Videostroboscopy allows documentation of altered anatomy and is recommended between 3 to 36 months after treatment; if not completed before the time of transition, please order prior to the first survivorship consult. Patients who have undergone laryngectomy do not need videostroboscopy.

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

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

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

**PATIENT PRESENTATION**

**CONCURRENT COMPONENTS OF VISITS**

- Physical exam within 6-12 months of transition to HNSVC to include:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT of head and neck with contrast if less than 4 years from completion of treatment
  - Videostroboscopy for patients receiving radiation with or without chemotherapy, if not performed
- Physical exam annually with:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT of head and neck with contrast if less than 4 years from completion of treatment

**SURVEILLANCE**

- Physical exam within 6-12 months of transition to HNSVC to include:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT of head and neck with contrast if less than 4 years from completion of treatment
  - Videostroboscopy for patients receiving radiation with or without chemotherapy, if not performed
- Physical exam annually with:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT of head and neck with contrast if less than 4 years from completion of treatment

**MONITORING FOR LATE EFFECTS**

- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- T4 and TSH annually if treated with radiation therapy

**RISK REDUCTION/EARLY DETECTION**

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)
- Consider cardiovascular risk reduction
- Limit alcohol

**PSYCHOSOCIAL FUNCTIONING**

Assess for:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Anxiety/depression
- Body image
- Financial stressors
- Social support

**DISPOSITION**

New primary or recurrent cancer?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

Refer or consult as indicated

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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.
SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Survivorship Head and Neck work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Katherine Bell, ACNS (Head & Neck Surgery)  
Mark Chambers, MD (Oncology Dentistry Prosthodontics)  
Eduardo Díaz Jr., MD (Head & Neck Surgery)  
Bita Esmaili, MD (Ophthalmic Plastic Surgery)  
Steven Frank, MD (Radiation Oncology Department)†  
Paul Gidley, MD (Head & Neck Surgery)  
Ann Gillenwater, MD (Head & Neck Surgery)  
Ryan Goepfert, MD (Head & Neck Surgery)  
Dan Gombos, MD (Ophthalmology)  
Neil Gross, MD (Head & Neck Surgery)  
Ehab Hanna, MD (Head & Neck Surgery)  
Amy Hessel, MD (Head & Neck Surgery)  
Theresa Hofstede, MD (Oncology Dentistry Prosthodontics)  
Shonice Holdman, MBA*  
Kate Hutcheson, MD (Head & Neck Surgery)  
Michael Kupferman, MD (Head & Neck Surgery)  
Stephen Lai, MD (Head & Neck Surgery)  
Jan Lewin, MD (Head & Neck Surgery)  
Carol Lewis, MD (Head & Neck Surgery)  
Paula Lewis-Patterson, DNP, RN, NEA-BC (Survivorship)  
Guojun Li, MD (Head & Neck Surgery – Research)  
Charles Lu, MD (Thoracic/Head & Neck Med Oncology)†  
Jeffrey Myers, MD (Head & Neck Surgery)  
Amy Pai, PharmD*  
Kristen Pytynia, MD, MPH (Head & Neck Surgery)  
Erich Sturgis, MD (Head & Neck Surgery)†  
Shirley Su, MBBS (Head & Neck Surgery)  
Randal Weber, MD (Head & Neck Surgery)  
Mark Zafereo, MD (Head & Neck Surgery)†

† Core Development Team Lead  
* Clinical Effectiveness Development Team