Survivorship - Larynx/Hypopharynx Cancer

PATIENT PRESENTATION

Patient presents:
- A minimum of 30 months after completion of treatment for larynx/ hypopharynx cancer **and**
- Treated at MD Anderson **and**
- Has one post-treatment CT neck (soft tissue) **and**
- No evidence of disease (NED)

HNSVC = Head and Neck Survivorship clinic

CONCURRENT COMPONENTS OF VISITS

SURVEILLANCE

- Physical exam within 6-12 months of transition to HNSVC to include:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT neck (soft tissue) with contrast if less than 4 years from completion of treatment
  - Videostroboscopy[1] for patients receiving radiation with or without chemotherapy, if not performed
- Physical exam annually with:
  - Flexible fiberoptic laryngoscopy
  - Chest x-ray
  - CT neck (soft tissue) with contrast if less than 4 years from completion of treatment

MONITORING FOR LATE EFFECTS

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Free T4 and TSH annually if treated with radiation therapy
- Peripheral neuropathy assessment
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Sexual health/fertility assessment

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- 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[4]

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

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

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

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

[4] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

Department of Clinical Effectiveness V7
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SUGGESTED READINGS

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