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

Videostroscopy 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 videostroscopy.

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Free T4 and TSH annually if treated with radiation therapy
- Peripheral neuropathy assessment

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

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

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


**DEVELOPMENT CREDITS**

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:

- Richard Cardoso, DDS (Oral Oncology)
- Mark Chambers, DMD (Oral Oncology)
- Eduardo Diaz Jr., MD (Head & Neck Surgery)
- Bita Esmaili, MD (Ophthalmic Plastic Surgery)
- Steven Frank, MD (Radiation Oncology)\(^T\)
- Paul Gidley, MD (Head & Neck Surgery)
- Ann Gillenwater, MD (Head & Neck Surgery)
- Katherine Gilmore, MPH, BA (Cancer Survivorship)
- Ryan Goepfert, MD (Head & Neck Surgery)
- Dan Gombos, MD (Ophthalmology)
- Ehab Hanna, MD (Head & Neck Surgery)
- Amy Hessel, MD (Head & Neck Surgery)
- Theresa Hofstede, DDS (Oral Oncology)
- Kate Hutcheson, PhD (Speech Pathology & Audiology)
- Harjeet Kaur, MSN, RN, CNL, CMQ\(^*\)
- Michael Kupferman, MD (Head & Neck Surgery)
- Stephen Lai, MD, PhD (Head & Neck Surgery)
- Carol Lewis, MD, MPH (Head & Neck Surgery)
- Guojun Li, PhD (Head & Neck Surgery)
- Charles Lu, MD (Thoracic/Head & Neck Medical Oncology)\(^T\)
- Jeffrey Myers, MD, PhD (Head & Neck Surgery)
- Kristen Pytynia, MD, MPH (Head & Neck Surgery)
- Katherine Schwarzelose, MSN, RN, ACNS (Head & Neck Surgery)
- Andrew Sikora, MD, PhD (Head & Neck Surgery)
- Shirley Su, MD (Head & Neck Surgery)
- Jennifer Wang, MD (Head & Neck Surgery)
- Randal Weber, MD (Head & Neck Surgery)
- Mark Zafereo, MD (Head & Neck Surgery)\(^T\)

\(^T\)Core Development Team Lead  
\(^*\)Clinical Effectiveness Development Team