**Survivorship – Peripheral T-Cell Lymphoma**

**ELIGIBILITY**
- Peripheral T-Cell Lymphoma
- 5 years post treatment
- NED

**CONCURRENT COMPONENTS OF VISIT**
- History and physical annually including complete skin exam
- CBC with differential and chemistries annually
- Lipid panel annually
- Chest x-ray annually

**SURVEILLANCE**
- Consider:
  - Cardiovascular risk and symptom assessment
  - Lung cancer screening if at risk smoker and/or treatment with radiotherapy to the thorax (see Lung Cancer Screening Algorithm)
  - TSH and T4 annually if prior radiation to neck
  - Immunoglobulin levels if recurrent infections of any type
  - Skin exam annually
  - Bone health education; perform bone density screening, as well as check vitamin D and calcium levels with supplementation, as clinically indicated

**MONITORING FOR LATE EFFECTS**
- 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)
  - Vaccinations as appropriate (including influenza vaccination annually)

**RISK REDUCTION/EARLY DETECTION**
- Assess for the following as clinically indicated:
  - Distress management (see Distress Screening and Psychosocial Management Algorithm)
  - Access to primary health care
  - Relationship issues
  - Employment status, financial issues

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**DISPOSITION**

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<th>New primary or recurrent disease?</th>
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<tr>
<td>Yes</td>
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<tr>
<td>Return to primary treating physician</td>
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<tr>
<td>No</td>
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<tr>
<td>Continue survivorship monitoring</td>
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**PSYCHOSOCIAL FUNCTIONING**

**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.

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1. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
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, colorectal, liver, lung, pancreatic, prostate and skin cancer screening
4. Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


This cancer survivorship consensus algorithm is based on majority expert opinion of the Survivorship Lymphoma Faculty 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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