

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.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Peripheral T-Cell Lymphoma 5 years post treatment NED

SURVEILLANCE

- Annual:
- History and physical with complete skin exam
 - CBC with differential, CMP, and lipid panel
 - Chest x-ray

New primary or recurrent disease?

Yes
No

Return to primary treating physician

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

- Consider:
- Cardiovascular risk and symptom assessment¹
 - Lung cancer screening if at risk smoker and/or treatment with radiotherapy to the thorax (see [Lung Cancer Screening algorithm](#))
 - Sexual health/fertility
 - Neuropathy assessment
 - Annual skin exam
 - Annual thyroid-stimulating hormone (TSH) and free T4 if prior radiation to the neck
 - Annual immunoglobulin levels if recurrent infections of any type
 - Bone density assessment:
 - Annual DEXA scan
 - Annual vitamin D 25-OH and calcium
 - Supplementation as clinically indicated

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment²
 - Cancer screening³
 - 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](#))
 - Vaccinations⁴ as appropriate (including influenza vaccination annually)

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

- 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

NED = no evidence of disease

CMP = comprehensive metabolic panel

DEXA = dual-energy x-ray absorptiometry

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](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#) and [skin cancer](#) screening

⁴ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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SUGGESTED READINGS

- Centers for Disease Control and Prevention. (2020). *Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2020*. Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Leukemia & Lymphoma Society. (n.d.). Follow-up care and survivorship. Retrieved from <http://www.lls.org/diseaseinformation/managingyourcancer/survivorship/>
- National Comprehensive Cancer Network. (2020). *Survivorship* (NCCN Guideline Version 1.2020). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf
- National Comprehensive Cancer Network. (2020). *T-cell Lymphomas* (NCCN Guideline Version 1.2020). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf
- Vanderbilt Cardio-Oncology Program. (2017). *Know Your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

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DEVELOPMENT CREDITS

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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