Survivorship – Peripheral T-Cell Lymphoma

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

Peripheral T-Cell Lymphoma
5 years post treatment
NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

History and physical annually including complete skin exam
CBC with differential and chemistries annually
Lipid panel annually
Chest x-ray annually

MONITORING FOR LATE EFFECTS

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

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)
Vaccinations as appropriate (including influenza vaccination annually)

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

DISPOSITION

New primary or recurrent disease?
Yes
Return to primary treating physician
No
Continue survivorship monitoring

Refer or consult as indicated

NED = no evidence of disease

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

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SUGGESTED READINGS


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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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