Survivorship - Nasopharynx Cancer

Patient presents:
- A minimum of 30 months post treatment for nasopharynx cancer and
- Treated at MD Anderson and
- Has one post-treatment MRI head and neck and
- NED

History and physical exam within 6-12 months of transition to HNSVC with:
- Nasopharyngoscopy and otoscopy
- Chest x-ray
- MRI (or CT, per baseline imaging study) head and neck if less than 5 years from end of treatment, then

History and physical exam annually with:
- Nasopharyngoscopy and otoscopy
- Chest x-ray
- MRI (or CT, per baseline imaging study) head and neck through 5 years from end of treatment

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Neurocognitive dysfunction assessment
- Annual fasting labs (draw at 8 a.m.) for pituitary function1 if treated with radiation therapy

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

Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 11/17/2020

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 Head and Neck Survivorship work group 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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