Survivorship - Nasopharynx Cancer

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

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- 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 with contrast 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 with contrast through 5 years from end of treatment

MONITORING FOR LATE EFFECTS

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

RISK REDUCTION/EARLY DETECTION

Patient education, counseling and screening:
- Lifestyle risk assessment2
- Cancer screening3
- Vaccination4 as appropriate
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- Consider cardiovascular risk reduction5
- Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

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

DISPOSITION

New primary or recurrent cancer?

Yes →
- Return to primary treating physician

No →
- Continue survivorship monitoring

Refer or consult as indicated

1 Pituitary labs to include prolactin, IGF-1 (insulin-like growth factor-1), total T3, free T4, thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), estradiol (for women), total testosterone (for men), and total cortisol

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

5 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

NED = no evidence of disease

HNSVC = Head and Neck Survivorship clinic

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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Approved by the Executive Committee of the Medical Staff on 10/18/2022
SUGGESTED READINGS


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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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