Survivorship - Nasopharynx Cancer

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 providersin the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

ELIGIBILITY

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

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 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

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 function[1] if treated with radiation therapy
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Sexual health/fertility assessment
- Peripheral neuropathy assessment

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- Vaccination[4] as appropriate
- 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)
- Consider cardiovascular risk reduction[5]
- Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

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

DISPOSITION

New primary or recurrent cancer?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

Refer or consult as indicated

NED = no evidence of disease
HNSVC = Head and Neck Survivorship clinic

[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

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SUGGESTED READINGS

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