Survivorship - Oral Cavity Cancer

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

Transition to HNSVC within 6-12 months to include:
○ History and physical exam
○ Chest x-ray
○ CT head and neck with contrast if post-flap reconstruction and less than 4 years from end of treatment, then
○ History and physical exam annually with:
  ○ Chest x-ray
  ○ CT head and neck with contrast if post-flap reconstruction and less than 4 years from end of treatment

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Neurocognitive dysfunction assessment
- Annual TSH (thyroid-stimulating hormone) and free T4 if treated with radiation therapy
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema/fibrosis assessment
- Sexual health/fertility assessment
- Peripheral neuropathy assessment
- Cranial nerve assessment

Patient education, counseling and screening:
- Lifestyle risk assessment
  - See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
- Cancer screening
  - Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
- Vaccination 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 reduction
  - See Centers for Disease Control and Prevention (CDC) guidelines
- Limit alcohol consumption

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

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

1 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
2 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
3 Based on Centers for Disease Control and Prevention (CDC) guidelines
4 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

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.

Department of Clinical Effectiveness V7
Approved by the Executive Committee of the Medical Staff on 10/18/2022
SUGGESTED READINGS


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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