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ELIGIBILITY

- Cancer of unknown primary treated with radiation with or without chemotherapy and/or surgery **and**
- A minimum of 30 months post-treatment **and**
- NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- History and physical exam within 1 year of transition to HNSVC, **then**:
- History and physical exam annually
 - Chest x-ray annually
 - Flexible fiberoptic laryngoscopy annually
 - CT (or MRI, per baseline imaging study) head and neck with contrast annually if < 4 years from completion of treatment

MONITORING FOR LATE EFFECTS

- 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 assessment
 - Sexual health/fertility assessment
 - Peripheral neuropathy assessment

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling and screening:
- Lifestyle risk assessment¹
 - Cancer screening²
 - Vaccinations³ 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 algorithm](#))
 - Consider cardiovascular risk reduction⁴
 - Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

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

New primary or recurrent cancer?

Yes
No

DISPOSITION

Return to primary treating physician

Continue survivorship monitoring

Refer or consult as indicated

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](#)

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Head and Neck Survivorship workgroup 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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