Survivorship – Acute Lymphoblastic Leukemia (ALL)

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

**DISEASE**

**CONCURRENT COMPONENTS OF VISIT**

- **Year 5-9**, every 6 months
  - History and Physical
  - **CBC, diff, platelets and chemistries (glucose, calcium, BUN, creatinine, sodium, potassium, chloride, CO₂, total protein, albumin, bilirubin, alk. phosphatase, AST, ALT, LDH, Uric Acid)**

- **Year 10**, once a year
  - History and Physical
  - **CBC, diff, platelets and chemistries (glucose, calcium, BUN, creatinine, sodium, potassium, chloride, CO₂, total protein, albumin, bilirubin, alk. phosphatase, AST, ALT, LDH, Uric Acid)**

**SURVEILLANCE**

- **Year 5-9**, every 6 months
  - History and Physical
  - **CBC, diff, platelets and chemistries (glucose, calcium, BUN, creatinine, sodium, potassium, chloride, CO₂, total protein, albumin, bilirubin, alk. phosphatase, AST, ALT, LDH, Uric Acid)**

- **Year 10**, once a year
  - History and Physical
  - **CBC, diff, platelets and chemistries (glucose, calcium, BUN, creatinine, sodium, potassium, chloride, CO₂, total protein, albumin, bilirubin, alk. phosphatase, AST, ALT, LDH, Uric Acid)**

**MONITORING FOR LATE EFFECTS**

- **Consider:**
  - Pulmonary toxicity. Monitor pulmonary function tests (PFT) if patient symptomatic
  - Cardiovascular screening annually
  - Lipid Panel annually
  - Immunoglobulin levels annually
  - CD4 count, if not recovered
  - See Bone Health algorithm (to be developed)
  - Neuropathy screening
  - Avascular necrosis as clinically indicated
  - Assess for diabetes if indicated (late onset)

**RISK REDUCTION/EARLY DETECTION**

- **Consider:**
  - Hepatitis B Vaccination
  - Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations.
  - Colorectal screening (see Colorectal Screening algorithm)
  - Cervical screening (for women) (see Cervical Screening algorithm)
  - Lung cancer screening (See Lung Cancer Screening algorithm)
  - Breast screening (see Breast Screening algorithm)
  - Recommendations for vaccination of household members

**PSYCHOSOCIAL FUNCTIONING**

- **Assess for:**
  - Distress
  - Relationship issues
  - Access to primary health care
  - Employment status, financial issues
  - Vision/cataract screening
  - Infertility as clinically indicated

1 Based on American Cancer Society Prostate Cancer Screening Guidelines

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Department of Clinical Effectiveness V1
Approved by the Executive Committee of the Medical Staff on 06/28/2016
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SUGGESTED READINGS


This survivorship consensus algorithm is based on majority expert opinion of the Survivorship Leukemia Faculty 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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