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.

ELIGIBILITY

- Acute Lymphoblastic Leukemia patients
- 5 years post diagnosis, no evidence of relapse

CONCURRENT COMPONENTS OF VISIT

- Year 5-9, every 6 months
  - History and physical
  - CBC with differential
  - Chemistries (CMP, LDH, and uric acid)

- Year 10, once a year
  - History and physical
  - CBC with differential
  - Chemistries (CMP, LDH, and uric acid)

SURVEILLANCE

- New primary or relapsed disease?
  - Yes → Return to primary treating physician
  - No → Continue survivorship monitoring

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
- Bone Health (see Breast Cancer Survivorship: Bone Health Algorithm)
- Neuropathy screening
- Avascular necrosis as clinically indicated
- Assess for diabetes if indicated (late onset)

RISK REDUCTION/EARLY DETECTION

- See Page 2

PSYCHOSOCIAL FUNCTIONING

- Refer or consult as indicated

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

Patient education, counseling and screening:
- Lifestyle risk assessment
- Cancer screening
- 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)
- Vaccinations as appropriate
  - Pneumococcus vaccines PCV13 followed by PPSV23 at least 8 weeks apart. Thereafter, only PPSV23 every 5 years. Thereafter, only PPSV23 every 5 years.
  - Influenza vaccination yearly
  - Consider one dose of tetanus-diphtheria-pertussis (Tdap) vaccine as an adult if patient has not received Tdap previously and there are no contraindications. Thereafter, tetanus-diphtheria (Td) vaccination every 10 years.
  - Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations
  - Recommendations for vaccination of household members

Assess for the following as clinically indicated:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Access to primary health care
- Vision/cataract screening (see Cataract Screening Algorithm)
- Financial stressors
- Relationship issues
- Infertility

Acute Lymphoblastic Leukemia patients 5 years post diagnosis, no evidence of relapse

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

Refer or consult as indicated

Department of Clinical Effectiveness V2
Approved by the Executive Committee of the Medical Staff on 05/29/2018

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SUGGESTED READINGS


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