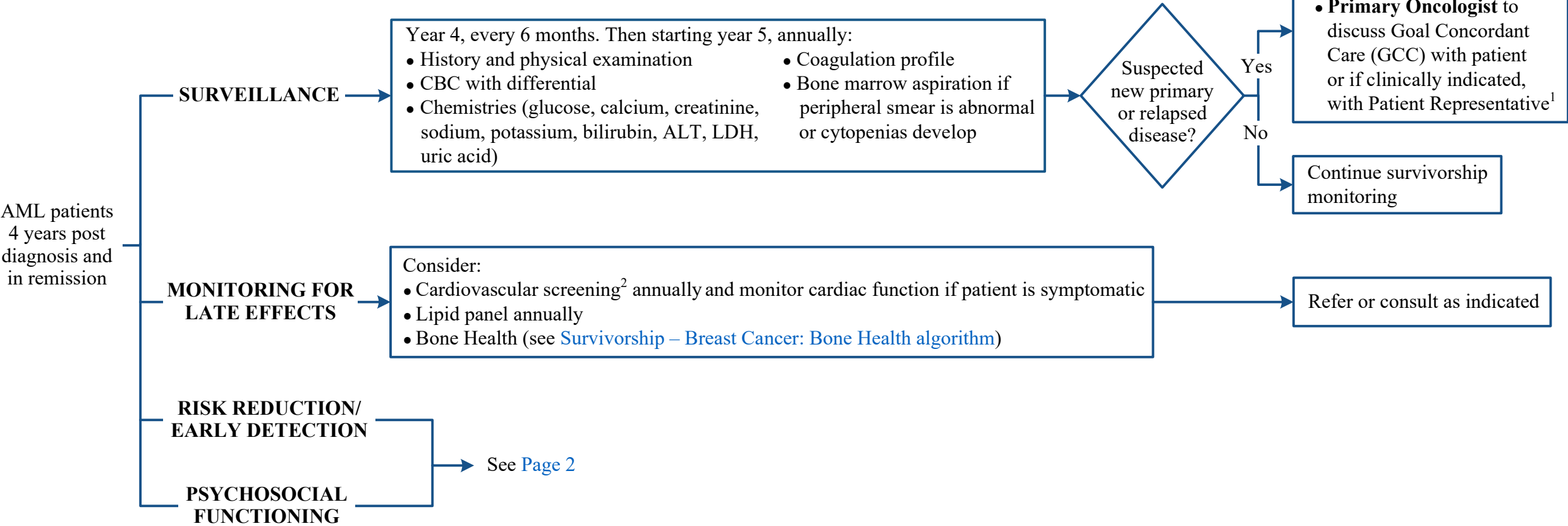


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ELIGIBILITY

CONCURRENT
COMPONENTS
OF VISIT

DISPOSITION



ALT = alanine aminotransferase
LDH = lactate dehydrogenase

¹ GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

² Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

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ELIGIBILITY

CONCURRENT
COMPONENTS
OF VISIT

DISPOSITION

AML patients
4 years post
diagnosis and
in remission

RISK REDUCTION/
EARLY DETECTION

Patient education, counseling and screening:

• Lifestyle risk assessment¹

• Cancer screening²

• Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B Virus \(HBV\) Screening and Management](#) and [Hepatitis C Virus \(HCV\) Screening](#) algorithms)

• Vaccinations³ as appropriate

- Human papillomavirus (HPV) vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
- For pneumococcal vaccine schedules, see [Appendix A](#)
- 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.
- Zoster Vaccine Recombinant, Adjuvanted (Shingrix) can be considered for patients who have had a shared patient-provider conversation regarding the vaccine and meets ACIP criteria⁴
- Covid-19 vaccination as per CDC guideline
- Hepatitis B vaccination as per CDC guideline
- No live, attenuated vaccine
- Recommendations for vaccination of household members
- Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations

PSYCHOSOCIAL
FUNCTIONING

Assess for the following as clinically indicated:

• Distress management (see [Distress Screening and Psychosocial Management algorithm](#))

• Relationship issues

• Access to primary health care

• Infertility

• Cognitive testing

• Fatigue

• Financial stressors

Refer or
consult as
indicated

ACIP = Advisory Committee on Immunization Practices

¹ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) 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 Adults age 50 years and older with a history of chickenpox or shingles

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APPENDIX A: Pneumococcal Vaccine¹ Schedules for Adults

Prior Vaccines	Recommendation ²
None or Unknown	1 dose of PCV20
PPSV23 only	1 dose of PCV20 at least 1 year after the last PPSV23 dose
PCV13 only	1 dose of PCV20 at least 1 year after PCV13
PCV13 at any age and PPSV23 before 65 years	1 dose of PCV20 at least ≥ 5 years after the last pneumococcal vaccine
PCV13 at any age and PPSV23 at 65 years or older	The decision to administer 1 dose of PCV20 at least ≥ 5 years of last pneumococcal vaccine is a shared clinical decision between the patient and the provider

PCV13 = pneumococcal 13-valent conjugate vaccine
PCV20 = pneumococcal 20-valent conjugate vaccine
PPSV23 = pneumococcal polysaccharide 23-valent vaccine

¹ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)
² Refer to the [CDC pneumococcal vaccination summary](#) or the [CDC PneumoRecs VaxAdvisor clinical support tool](#) for comprehensive pneumococcal vaccination recommendations

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