Survivorship – Anal Cancer

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.

ELIGIBILITY

- Anal cancer, 4 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

- Years 4 and up:
  - History and physical exam annually (including neck/inguinal node palpation and rectal exam\(^1\))
  - Colonoscopy every 5 years

- Surveilliance

  - Positive findings?
    - Yes → Return to primary treating physician
    - No → Continue survivorship monitoring

- Monitoring for late effects

  - Assess for:
    - Pain
    - Fatigue
    - Sacral insufficiency fractures
    - Bowel problems
    - Sexual dysfunction
    - Neck mass
    - Lymphedema
    - Neuropathy
    - Urinary problems

- Risk reduction/early detection

  - Patient education, counseling, and screening:
    - Lifestyle risk assessment\(^2\)
    - Cancer screening\(^3\)
    - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
    - Screening for HIV\(^4\)
    - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
    - Vaccinations\(^5\) as appropriate

- Psychosocial functioning

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

NED = no evidence of disease

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\(^1\) Rectal exam to include digital rectal exam (DRE) and visual inspection

\(^2\) See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

\(^3\) Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening

\(^4\) Perform annual high-resolution anoscopy (HRA) and anal cytology for HIV-positive patients

\(^5\) Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Anal Survivorship workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

- Ella Ariza Heredia, MD (Infectious Disease)
- Therese Bevers, MD (Cancer Prevention)
- George J. Chang, MD, MS (Surgical Oncology)†
- Elise D. Cook, MD (Cancer Prevention)
- Robin L. Coyne, FNP, RN (Cancer Prevention)
- Joyce E. Dains, MD, PH, FNP, RN (Cancer Prevention)
- Prajnan Das, MD (Radiation Oncology)
- Cathy Eng, MD (GI Medical Oncology)†
- Jessica P. Hwang, MD (General Internal Medicine)
- Benny Johnson, DO (GI Medical Oncology)
- Sunil Krishnan, MD (Radiation Oncology)
- Marita V. Lazzaro, ANP, APNP, RNCW, WHNP (Cancer Prevention)
- Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
- Tiffany McGowan, RN, MS, FNP-BC (Cancer Prevention)
- Craig A. Messick, MD (Surgical Oncology)
- Van K. Morris, MD (GI Medical Oncology)
- Ana C. Nelson, FNP, RN (Cancer Prevention)
- Lonzetta L. Newman, MD (Cancer Prevention)
- Tilu Ninan, ANP, NP (Cancer Prevention)
- Aki Ohinata, PA-C (GI Medical Oncology)
- Anita M. Williams, BS* 
- Sonal Yang, PharmD* 

† Core Development Team Leads 
* Clinical Effectiveness Development Team