**Survivorship: Anal Cancer**

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**
- Anal cancer, 4 years post-treatment and NED

---

**CONCURRENT COMPONENTS OF VISIT**
- Years 4 and up:
  - History and physical exam annually [including neck, digital rectal exam (DRE) and inguinal node palpation]
  - Colonoscopy every 5 years

---

**SURVEILLANCE**
- Patient education, counseling, and screening:
  - Gynecologic screening (See Cervical Screening Algorithm)
  - Breast screening (See Breast Screening Algorithm)
  - Lung cancer screening (See Lung Cancer Screening Algorithm)
  - Consider prostate screening (DRE and PSA)
  - Diet/weight management counseling
  - Exercise/activity (See Physical Activity Algorithm)
  - Tobacco cessation (See Tobacco Cessation Algorithm)
  - Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)
  - Vaccinations1
    - Screening for HIV2, Hepatitis B and C (if not previously performed) (See Hepatitis Screening and Management – HBV and HCV Algorithm)

---

**RISK REDUCTION/EARLY DETECTION**
- Assess for:
  - Pain
  - Fatigue
  - Sacral insufficiency fractures
  - Bowel problems
  - Sexual dysfunction
  - Neck mass
  - Lymphedema
  - Sexual dysfunction
  - Neuropathy
  - Urinary problems

---

**MONITORING FOR LATE EFFECTS**
- Assess for:
  - Distress
  - Financial stressors
  - Body image
  - Social support

---

**PSYCHOSOCIAL FUNCTIONING**
- Refer or consult as indicated

---

**DISPOSITION**
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

---

1 Refer to NCCN Guidelines for proper vaccination
2 Perform annual High-Resolution Anoscopy (HRA) and anal cytology for HIV-positive patients

NED = no evidence of disease
PSA = prostate specific antigen

---

Copyright 2017 The University of Texas MD Anderson Cancer Center

Department of Clinical Effectiveness V3
Approved by The Executive Committee of the Medical Staff on 01/31/2017
SUGGESTED READINGS


DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Anal 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 core team members:

- Therese Bevers, MD
- George J. Chang, MD, MS
- Elise D. Cook, MD
- Robin L. Coyne, FNP, RN
- Joyce E. Dains, DrPH, FNP, RN
- Prajnan Das, MD
- Suzanne F. Day, FNP, RN
- Cathy Eng, MD
- Ella Ariza – Heredia, MD
- Shonice Holdman, BA
- Jessica P. Hwang, MD
- Tiffiny L. Jackson, FNP, RN
- Sunil Krishnan, MD
- Marita V. Lazzaro, ANP, APNP, RNCW, WHNP
- Paula Lewis-Patterson, DNP, RN, NEA-BC
- Clemente E. Logronio Jr., BSN, RN-BC
- Craig A. Messick, MD
- Ana C. Nelson, FNP, RN
- Lonzetta L. Newman, MD
- Tilu Ninan, ANP, NP
- Aki Ohinata PA-C
- Erich Sturgis, MD

† Core Development Team Leads
* Clinical Effectiveness Development Team