Diffuse Large B Cell Lymphoma
5 years post treatment and no evidence of disease (NED)

CONCURRENT COMPONENTS OF VISIT

- Annual history and physical examination
- Annual CBC with differential, platelet count and chemistry
- Annual lipid panels
- Annual chest x-ray
- Annual vitamin D levels

MONITORING FOR LATE EFFECTS

Consider:
- Cardiovascular risk and symptom assessment – consider follow-up with cardiology for patients with history of chest radiotherapy and/or anthracycline exposure.
- Lung cancer screening for high risk smoker and/or treatment with radiotherapy to the thorax (see Lung Cancer Screening Algorithm)
- Annual breast screening 8-10 years post treatment (if treated with radiation to the chest or axilla) or at age 40, whichever comes first. Repeat annually. (See Breast Cancer Screening Algorithm)

Assess for:
- Distress (Distress Screening & Psychosocial Management Algorithm)
- Relationship issues

PSYCHOSOCIAL FUNCTIONING

- MRI in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years
- Annual thyroid-stimulating hormone (TSH) and T4 levels if prior radiation to neck
- Immunoglobulin levels if recurrent infections of any type
- Annual skin examination
- Cognitive testing if radiation to brain as clinically indicated
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis
- Bone health education
- Annual monitoring of immunoglobulin levels

DISEASE SURVEILLANCE

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

CONCURRENT COMPONENTS OF VISIT

- Annual history and physical examination
- Annual CBC with differential, platelet count and chemistry
- Annual lipid panels
- Annual chest x-ray
- Annual vitamin D levels

RISK REDUCTION/EARLY DETECTION

- Colorectal screening (see Colorectal Cancer Screening Algorithm)
- Cervical screening for women (see Cervical Cancer Screening Algorithm)
- Prostate screening for men
- Refer to nutrition if BMI is equal or greater than 30
- 150 minutes of exercise per week (see Physical Activity Algorithm)
- Tobacco cessation (see Tobacco Cessation Algorithm)
- Update/advise on adult vaccinations

PSYCHOSOCIAL FUNCTIONING

- Access to primary health care
- Employment status/financial issues

Congenital Components of Visit

- MRI in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years
- Annual thyroid-stimulating hormone (TSH) and T4 levels if prior radiation to neck
- Immunoglobulin levels if recurrent infections of any type
- Annual skin examination
- Cognitive testing if radiation to brain as clinically indicated
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis
- Bone health education
- Annual monitoring of immunoglobulin levels

1 Based on National Comprehensive Cancer Network (NCCN) guidelines
2 High risk smoker: age 55-80 years old, greater than or equal to 30 pack per year smoking history, current or previous smoker
3 Based on Center for Disease Control and Prevention (CDC) guidelines
4 Based on American Cancer Society Prostate Cancer Screening guidelines

 Survivorship – Diffuse Large B-Cell Lymphoma
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 for 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.

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American Cancer Society Prostate Screening Guidelines. Retrieved from:


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