**Survivorship – Diffuse Large B-Cell Lymphoma**

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

- Diffuse Large B-Cell Lymphoma
- 5 years post treatment and NED

### Concurrent Components of Visit

**Surveillance**
- Annual:
  - History and physical examination
  - CBC with differential and chemistry
  - Lipid panel
  - Vitamin D levels
  - Chest x-ray

**Consider**:
- Cardiovascular risk and symptom assessment: follow-up with cardiology for patients with history of chest radiation therapy 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 (see Breast Cancer Screening algorithm).
- MRI breast (bilateral) in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years.

### Risk Reduction/Early Detection

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - Vaccinations as appropriate
  - 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)

### Psychosocial Functioning

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Access to primary health care
  - Relationship issues
  - Employment status/financial issues

### Monitoring for Late Effects

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

### Disposition

- Refer or consult as indicated

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**NED** = no evidence of disease

1. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
2. Based on National Comprehensive Cancer Network (NCCN) guidelines
3. Based on Center for Disease Control and Prevention (CDC) guidelines

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Department of Clinical Effectiveness V5

Approved by the Executive Committee of the Medical Staff on 05/28/2019
SUGGESTED READINGS

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:

Luis Fayad, MD (Lymphoma/Myeloma)
Olga N. Fleckenstein*
Fredrick Hagemeister, MD (Lymphoma/Myeloma)
Thoa Kazantsev, BSN, RN, OCN*
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
Haleigh Mistry, MPAAS, PA (Lymphoma/Myeloma)
Ellen Mullen, PhD, MSN, ANP, GNP (Lymphoma/Myeloma)
Amy Pai, PharmD*
Alma Rodriguez, MD (Lymphoma/Myeloma)†
Jason Westin, MD (Lymphoma/Myeloma)†

† Core Development Lead
* Clinical Effectiveness Development Team