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 no evidence of disease (NED)

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE
- 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\(^1\) – consider follow-up with cardiology for patients with history of chest radiotherapy and/or anthracycline exposure\(^2\).
  - 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)
- 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\(^3\)
- Bone health education
- Annual monitoring of immunoglobulin levels

RISK REDUCTION/EARLY DETECTION
- Patient education, counseling, and screening:
  - Lifestyle risk assessment\(^4\)
  - Cancer screening\(^5\)
  - 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)
  - Vaccinations\(^6\) as appropriate

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

DISPOSITION
- New primary or recurrent disease?
  - Yes
  - Return to primary treating physician
  - No
  - Continue survivorship monitoring
  - Refer or consult as indicated

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
4 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
5 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

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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:

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