Survivorship – Follicular Lymphoma Stage I or II

Eligibility:
- Follicular B-Cell Lymphoma, Stage I or II, 10 years post treatment, and NED

Concurrent Components of Visit:
- Annual:
  - History and physical examination with full nodal survey
  - CBC with differential, CMP, lipid panel, and vitamin D 25-OH
  - Consider CT chest, abdomen, and/or pelvis as clinically indicated

Surveillance:
- Consider:
  - Annual cardiovascular screening
  - 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 screening mammography for women who received irradiation to the chest between the ages of 10 and 30 years
  - Annual thyroid-stimulating hormone (TSH) and free T4 if prior radiation to neck or chest

Risk Reduction/Early Detection:
- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - Vaccinations as appropriate
    - Annually for patients whose prior levels showed continued persistent deficiencies post treatment
    - Every 6 months for patients with a history of recurrent infections

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

Concurrent Components of Visit:
- Colon screening via colonoscopy starting at age 45
- Annual skin examination
- Bone health education and screening via DEXA scan starting at age 40
- Monitor for neuropathy symptoms
- Check immunoglobulin levels as clinically indicated
  - Annually for patients whose prior levels showed continued persistent deficiencies post treatment
  - Every 6 months for patients with a history of recurrent infections
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- Refer or consult as indicated

Note:
1. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
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. Based on Centers for Disease Control and Prevention (CDC) guidelines. For COVID information, see CDC COVID vaccination guidelines.

NED = no evidence of disease
CMP = complete metabolic panel
DEXA = dual-energy x-ray absorptiometry

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.

Department of Clinical Effectiveness V7
Approved by the Executive Committee of the Medical Staff on 04/18/2023
SUGGESTED READINGS


SUGGESTED READINGS - continued


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DEVELOPMENT CREDITS

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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