Survivorship – Follicular Lymphoma Stage I or II

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.

**DISEASE**

**Follicular B-Cell Lymphoma Stage I or II**
10 years post treatment and no evidence of disease (NED)

**CONCURRENT COMPONENTS OF VISIT**

- Annual history and physical examination with full nodal survey
- Annual CBC with differential, platelet count and chemistry
- Annual lipid panel
- Annual chest x-ray
- Annual CT abdomen and pelvis

**MONITORING FOR LATE EFFECTS**

Consider:
- Pulmonary toxicity - monitor pulmonary function tests (PFT) if abnormal post treatment result or if patient is symptomatic
- 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 in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years old
- Annual thyroid-stimulating hormone (TSH), T4 annually if prior radiation to neck or chest

- Annual cardiovascular screening
- Annual immunoglobulin levels
- Annual skin exam
- Monitoring for neuropathy symptoms
- Bone health education
- If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis

**RISK REDUCTION/EARLY DETECTION**

- Colorectal screening (see Colorectal Cancer Screening Algorithm)
- Cervical screening (for women) (see Cervical Cancer Screening Algorithm)
- Lung cancer screening for high risk smokers and former smokers (see Lung Cancer Screening Algorithm)
- Diet/weight management
- Exercise/activity (see Physical Activity Algorithm)
- Tobacco cessation (see Tobacco Cessation Algorithm)
- Annual flu vaccination
- Prostate screening (for men)

**PSYCHOSOCIAL FUNCTIONING**

Assess for:
- Distress (Distress Screening & Psychosocial Management Algorithm)
- Relationship issues
- Access to primary health care
- Employment status, financial issues

1 Based on Center for Disease Control and Prevention (CDC) 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 American Cancer Society Prostate Cancer Screening Guidelines

Yes
Return to primary treating physician
No
Continue survivorship monitoring

Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 05/30/2017

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SUGGESTED READINGS


*Suggested Readings Continued on Next Page*
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:

Michelle Fanale, MD
Luis E. Fayad, MD
Olga N. Fleckenstein*
Nathan Fowler, MD
Fredrick Hagemeister, MD
Hun Lee, MD
Paula Lewis-Patterson, DNP, RN, NEA-BC
Loretta Nastoupil, MD
Sattva Neelapu, MD
Yasuhiro Oki, MD
Alma Rodriguez, MD
Felipe Samaniego, MD†
Kristin A. Simar, RN, ANP
Shirlene Tabao, MSN, RN, OCN* Francesco Turturro, MD
Jason Westin, MD

† Core Development Lead
* Clinical Effectiveness Development Team