Survivorship – Follicular Lymphoma Stage I or II

ELIGIBILITY

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

SURVEILLANCE

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

MONITORING FOR LATE EFFECTS

- 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

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - 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 as appropriate (including influenza vaccination annually)

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

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.

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SUGGESTED READINGS


Suggested Readings Continued on Next Page
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SUGGESTED READINGS - continued


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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