Survivorship – Hodgkin’s Lymphoma

Hodgkin’s Lymphoma
5 years post treatment and no evidence of disease (NED)

**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

**SURVEILLANCE**

- Annual history and physical examination
- Annual chemistry and platelet count
- Annual lipid panel

**MONITORING FOR LATE EFFECTS**

- Consider:
  - Lung cancer screening for high-risk smoker and/or treatment with radiation therapy 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 in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years old
  - Cardiovascular risk and symptom assessment
- Infertility assessment
- Annual skin examination
- Annual thyroid-stimulating hormone (TSH) and T4
- Annual assessment by an ophthalmologist for risk of cataract (see Cataract Screening Algorithm)
- Annual dental assessment
- Annual gynecologic evaluation of permanent ovarian failure (for women)

**RISK REDUCTION/EARLY DETECTION**

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening (see Hepatitis Screening and Management – HBV and HCV Algorithm)
  - Vaccinations as appropriate
    - Annual influenza vaccination
    - Pneumococcal, meningococcal, H. influenza B, revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy

**PSYCHOSOCIAL FUNCTIONING**

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management Algorithm)
  - Access to primary health care
  - Employment status/Financial stressors
  - Body image issue
  - Relationship Issues

**DISPOSITION**

- Yes
  - Return to primary treating physician
- No
  - Continue survivorship monitoring

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1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
2 For patients who received an autologous stem cell transplant
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
5 Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


Suggested Readings Continued on Next Page


Lawrence, M., Louis, C., Adams, J., Cardiotoxicity of radiation therapy for malignancy. *UpToDate literature review version 19.3 September 2011.*

Mauch, P.M., Freiderg, J.W. Monitoring of the patient with classical Hodgkin lymphoma during and after treatment. *UpToDate literature review version 19.3 September 2011.*


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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