Survivorship – Hodgkin 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

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Years 2-3, every 6 months. Then at 3 year, transition to annually (6-12 months for pediatric patients ≤ 18 years):

- History and physical examination
- Chest x-ray
- CBC with differential, CMP, and fasting lipid panel

MONITORING FOR LATE EFFECTS

Consider:

- Cardiovascular risk and symptom assessment
- Lung cancer screening for high risk smoker and/or treatment with radiation therapy to the thorax (see Lung Cancer Screening algorithm)
- Colorectal cancer screening if previously treated with abdominal/pelvic radiation therapy (see Colorectal Cancer Screening algorithm)
- Breast cancer screening if previously treated with radiation
  - Adult: Annual breast screening 8-10 years post radiation treatment to the chest/axilla or at age 40, whichever comes first (see Breast Cancer Screening algorithm)
  - Annual MRI breast (bilateral) in addition to screening mammography for patients who received irradiation to the chest between the ages of 10 and 30 years old
  - Pediatric: Annual breast screening post radiation treatment to the chest/axilla/TBI beginning at puberty until age 25, then every 6 months
- Annual DEXA scan for bone density monitoring as indicated:
  - For all patients ≥ 40 year old
  - For patients < 40 years of age if post chemotherapy or radiotherapy
- Annual thyroid-stimulating hormone (TSH) and free T4
- Annual skin examination
- Annual assessment by an ophthalmologist for risk of cataract (see Cataract Screening algorithm)
- Annual dental assessment

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

See Page 2

NEW primary or recurrent disease?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

DISPOSITION

Refer or consult as indicated

NED = no evidence of disease
CM = comprehensive metabolic panel
DEXA = dual energy x-ray absorptiometry
TBI = total body irradiation

1 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
2 For patients who received an autologous stem cell transplant

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Hodgkin Lymphoma
2 years post-treatment
and NED (continued from previous page)

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 B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- 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 (see Management of Adult Asplenic/Hyposplenic Patients algorithm)

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Access to primary health care
- Employment status/financial issues
- Body image issue
- Relationship issues

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Refer or consult as indicated

Hodgkin Lymphoma
2 years post-treatment and NED (continued from previous page)

NED = no evidence of disease

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

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SUGGESTED READINGS


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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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