Survivorship – Hodgkin’s Lymphoma

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 for 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 CONCURRENT COMPONENTS OF VISIT

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

SURVEILLANCE

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

NEW primary or recurrent disease?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Consider:
- Lung cancer screening for high risk smoker\(^1\) and/or treatment with radiotherapy 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\(^2\)
- Annual dental assessment\(^2\)
- Annual gynecologic evaluation of permanent ovarian failure for women who received an autologous stem cell transplant

RISK REDUCTION/ EARLY DETECTION

- Colorectal screening (see Colorectal Cancer Screening Algorithm)
- Cervical screening for women (see Cervical Cancer Screening Algorithm)
- Prostate Cancer Screening for men\(^3\)
- Diet/weight management
- Exercise/activity (see Physical Activity Algorithm)
- Tobacco cessation (see Tobacco Cessation Algorithm)
- Annual flu vaccination
- Pneumococcal, meningococcal, H. influenza B, revaccination after 5-7 years if treated with splenic radiotherapy or previous splenectomy

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress (Distress Screening & Psychosocial Management Algorithm)
- Body image issue
- Relationship Issues

Access to primary health care
- Employment status/Financial stressors

\(^1\) High risk smoker: age 55-80 years old, greater than or equal to 30 pack per year smoking history, current or previous smoker
\(^2\) For patients who received an autologous stem cell transplant
\(^3\) Based on American Cancer Society Prostate Cancer Screening Guidelines

Refer or consult as indicated

Department of Clinical Effectiveness V3

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


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


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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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