Patient presents:
- A minimum of 30 months after completion of treatment for nasopharynx cancer and
- Treated at MDACC and
- Has one post-treatment MRI of head and neck and
- NED

Physical exam within 6-12 months of transition to HNSVC to include:
- Nasopharyngoscopy and otoscopy
- Chest x-ray
- MRI (or CT, per baseline imaging study) of head and neck if less than 5 years from end of treatment, then

Physical exam annually with:
- Nasopharyngoscopy and otoscopy
- Chest x-ray
- MRI (or CT, per baseline imaging study) of head and neck through 5 years from end of treatment

Consider:
- Audiogram annually
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- T4 and TSH annually if treated with radiation therapy
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Neurocognitive dysfunction assessment

Patient education, counseling and screening:
- Colorectal cancer screening (See Colorectal Cancer Screening Algorithm)
- Prostate cancer screening (for men)\(^1\)
- Breast cancer screening (See Breast Cancer Screening Algorithm) (for women)
- Gynecologic cancer screening (See Cervical Cancer Screening Algorithm) (for women)
- Lung cancer screening (See Lung Cancer Screening Algorithm)
- Diet/weight management
- Exercise/activity (See Physical Activity Algorithm)
- Tobacco cessation (See Tobacco Cessation Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)
- Limit alcohol

Assess for:
- Anxiety/depression
- Financial stressors
- Body image
- Social support

\(\text{NED = no evidence of disease}\)
\(\text{HNSVC = Head and Neck Survivorship clinic}\)
\(\text{\(1\) Based on American Cancer Society Prostate Cancer Screening Guidelines}\)

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DISPOSITION

New primary or recurrent cancer?
- Yes
  - Return to primary treating physician
- No
  - Continue survivorship monitoring

Refer or consult as indicated
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.

SUGGESTED READINGS


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.

DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Survivorship Head and Neck Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following medical, radiation and surgical oncologists.

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