Survivorship - Oropharynx Cancer

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**

- Oropharynx cancer minimum of 30 months post-treatment at MDACC with one post-treatment CT head and neck and NED

**CONCURRENT COMPONENTS OF VISIT**

- History and physical exam within 6-12 months of transition to HNSVC with:
  - Chest x-ray
  - CT head and neck with contrast if less than 4 years from completion of treatment, then
- History and physical exam annually with:
  - Chest x-ray
  - CT head and neck with contrast if less than 4 years from completion of treatment

**SURVEILLANCE**

- Consider:
  - Annual audiogram
  - Xerostomia assessment
  - Dental/osteoradionecrosis assessment
  - T4 and TSH annually if treated with radiation therapy

- Dysphagia assessment
- Speech pathology assessment
- Lymphedema assessment
- Neurocognitive dysfunction assessment

**MONITORING FOR LATE EFFECTS**

- 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)
  - Consider cardiovascular risk reduction
  - Limit alcohol consumption

**RISK REDUCTION/EARLY DETECTION**

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Anxiety/depression
  - Financial stressors
  - Body image
  - Social support

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

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

**REFERENCE**

- NED = no evidence of disease
- HNSVC = Head and Neck Survivorship clinic
- See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
- Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening
- Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

Department of Clinical Effectiveness V5
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SUGGESTED READINGS


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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Head and Neck 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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