Survivorship - Oropharynx Cancer

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Patient presents:
● A minimum of 30 months post treatment for oropharynx cancer
● Treated at MD Anderson
● Has one post treatment CT head and neck
● NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Transition to HNSVC within 6-12 months to include:
○ History and physical exam
○ 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

Consider:
● Annual audiogram
● Xerostomia assessment
● Dental/osteoradionecrosis assessment
● Neurocognitive dysfunction assessment
● Annual TSH (thyroid-stimulating hormone) and free T4 if treated with radiation therapy

MONITORING FOR LATE EFFECTS

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

RISK REDUCTION/EARLY DETECTION

Assess for:
● Dysphagia assessment
● Speech pathology assessment
● Lymphedema/fibrosis assessment
● Sexual health/fertility assessment
● Peripheral neuropathy assessment
● Cranial nerve assessment

PSYCHOSOCIAL FUNCTIONING

Patient education, counseling, and screening:
● Lifestyle risk assessment\(^1\)
● Cancer screening\(^2\)
  ○ Vaccinations\(^3\) as appropriate
  ○ 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)
● Consider cardiovascular risk reduction\(^4\)
● Limit alcohol consumption

DISPOSITION

Yes
New primary or recurrent cancer?
Return to primary treating physician

No
Continue survivorship monitoring

Refer or consult as indicated

\(\text{NED} = \text{no evidence of disease}\)
\(\text{HNSVC = Head and Neck Survivorship clinic}\)
\(\text{1 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice}\)
\(\text{2 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening}\)
\(\text{3 Based on Centers for Disease Control and Prevention (CDC) guidelines}\)
\(\text{4 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health}\)
SUGGESTED READINGS


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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