Head and Neck: Survivorship – Unknown Primary

**PATIENT PRESENTATION**
- Treated with radiation and/or surgery
- 2 years disease FREE from LAST treatment
- NED

**CONCURRENT COMPONENTS OF VISIT**
- Physical exam within 1 year of transition to HNSVC then:
  - Physical exam annually
  - Chest x-ray annually
  - Flexible fiberoptic laryngoscopy annually
  - CT of head and neck with contrast if less than 4 years from completion of treatment
- Consider:
  - Annual audiogram
  - Xerostomia assessment
  - Dental/osteoradionecrosis assessment
  - T4 and TSH annually if treated with radiation therapy
- Assess for:
  - Distress
  - Financial stressors
  - Body image
  - Social support

**SURVEILLANCE**
- Physical exam annually
- Chest x-ray annually
- Flexible fiberoptic laryngoscopy annually
- CT of head and neck with contrast if less than 4 years from completion of treatment
- Dysphagia assessment
- Speech assessment
- Lymphedema assessment

**MONITORING FOR LATE EFFECTS**
- Colorectal cancer screening
- Prostate cancer screening (for men)
- Breast cancer screening
- Gynecologic screening (for women)
- Diet/weight management
- Exercise/activity (See Physical Activity Algorithm)
- Tobacco cessation (See Tobacco Cessation Algorithm)
- Lung cancer screening, if clinically indicated
- Sun exposure/skin cancer screening
- Limit alcohol

**RISK REDUCTION/EARLY DETECTION**
- Patient education, counseling and screening:
- Patient presents:
  - Treated with radiation with/without chemotherapy and/or surgery
  - 2 years disease FREE from LAST treatment
  - NED

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

**DISPOSITION**
- Refer or consult as indicated

**Assessment**
- Distress
- Financial stressors
- Body image
- Social support

**NED** = no evidence of disease
**HNSVC** = Head and Neck Survivorship clinic

1 Based on American Cancer Society Prostate Cancer Screening Guidelines

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**DISPOSITION**
- No: Continue survivorship monitoring

**Assessment**
- Distress
- Financial stressors
- Body image
- Social support

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**DISPOSITION**
- Yes: Return to primary treating physician

**Assessment**
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- Refer or consult as indicated

**Assessment**
- Distress
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- Body image
- Social support
This practice 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. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

SUGGESTED READINGS


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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