Survivorship – Diffuse Large B-Cell Lymphoma

THE UNIVERSITY OF TEXAS

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Page 1 of 3

Cancer Center 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 Making Cancer History® determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY	CONCURRENT COMPONENTS	DISPOSITION
	OF VISIT	Annual: • History and physical examination • CBC with differential and chemistry • Lipid panel • Vitamin D levels • Chest x-ray
Diffuse Large B-Cell Lymphoma 5 years post treatment and NED	_ MONITORING FOR LATE EFFECTS	 Consider: Cardiovascular risk and symptom assessment¹ – consider follow-up with cardiology for patients with history of chest radiation therapy and/or anthracycline exposure² Lung cancer screening for high risk smoker 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 breast (bilateral) in addition to mammography for women who received irradiation to the chest between the ages of 10 and 30 years Annual skin examination Annual skin examination Bone health education If treatment included splenectomy, follow post-splenectomy vaccine prophylaxis³ Cognitive testing, if radiation to brain, as clinically indicated Check immunoglobulin levels as clinically indicated Annually for patients whose prior levels showed continued persistent deficiencies post treatment Every 6 months for patients with history of recurrent infections
	– RISK REDUCTION/ – EARLY DETECTION ––––––––––––––––––––––––––––––––––––	 Patient education, counseling, and screening: Lifestyle risk assessment⁴ HPV vaccination as clinically indicated (see HPV Vaccination algorithm) Screening for Hepatitis B and C as clinically indicated (see Hepatitis Vaccinations³ as appropriate Screening and Management – HBV and HCV algorithm) Annual influenza vaccination Pneumococcal, meningococcal, H. influenza B, revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy
² Based on National Con ³ Based on Center for D	PSYCHOSOCIAL FUNCTIONING disease erbilt's ABCDE's approach to cardiovas mprehensive Cancer Network (NCCN) isease Control and Prevention (CDC) guistity of Texas MD Anderson Cancer Center	guidelines ⁵ Includes breast cervical (if appropriate) colorectal liver lung paperentic prostate and skin cancer screening.

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Page 2 of 3

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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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Page 3 of 3