Survivorship - Larynx/Hypopharynx Cancer

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• Physical exam within 6-12 months of transition to HNSVC to include: DISPOSITION CONCURRENT **PATIENT** Flexible fiberoptic laryngoscopy **PRESENTATION COMPONENTS** Chest x-ray **OF VISITS** Return to primary o CT neck (soft tissue) with contrast if less than 4 years from completion Yestreating physician of treatment New • Videostroboscopy¹ for patients receiving radiation with or without primary or SURVEILLANCE chemotherapy, if not performed recurrent • Physical exam annually with: cancer? Continue survivorship Flexible fiberoptic laryngoscopy Nomonitoring • Chest x-ray o CT neck (soft tissue) with contrast if less than 4 years from completion Patient presents: of treatment • A minimum of 30 months after completion of Consider: treatment for larynx/ • Annual audiogram • Dysphagia assessment MONITORING FOR hypopharynx cancer and • Xerostomia assessment Speech pathology assessment • Treated at MDACC and LATE EFFECTS • Dental/osteoradionecrosis assessment • Lymphedema assessment • Has one post-treatment • Free T4 and TSH annually if treated with • Neurocognitive dysfunction CT neck (soft tissue) and radiation therapy assessment NED Patient education, counseling and screening: • Lifestyle risk assessment² • Cancer screening³ Refer or consult NED = no evidence of disease RISK REDUCTION/ EARLY DETECTION • HPV vaccination as clinically indicated (see HPV Vaccination algorithm) HNSVC = Head and Neck as indicated Survivorship clinic • Screening for Hepatitis B and C as clinically indicated ¹ Videostroboscopy allows (see Hepatitis Screening and Management – HBV and HCV algorithm) documentation of altered anatomy • Consider cardiovascular risk reduction⁴ and is recommended between 3 to 36 months after treatment; if not Assess for: completed before the time of **PSYCHOSOCIAL** transition, order prior to the first • Distress management (see Distress Screening and Psychosocial Management algorithm) **FUNCTIONING** survivorship consult. Patients who • Anxiety/depression • Body image • Financial stressors • Social support have undergone laryngectomy do not need videostroboscopy.

²See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Includes breast, cervical, colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

⁴ Consider use of Vanderbilt's ABCDE's approach to cardiovascular health Copyright 2019 The University of Texas MD Anderson Cancer Center

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