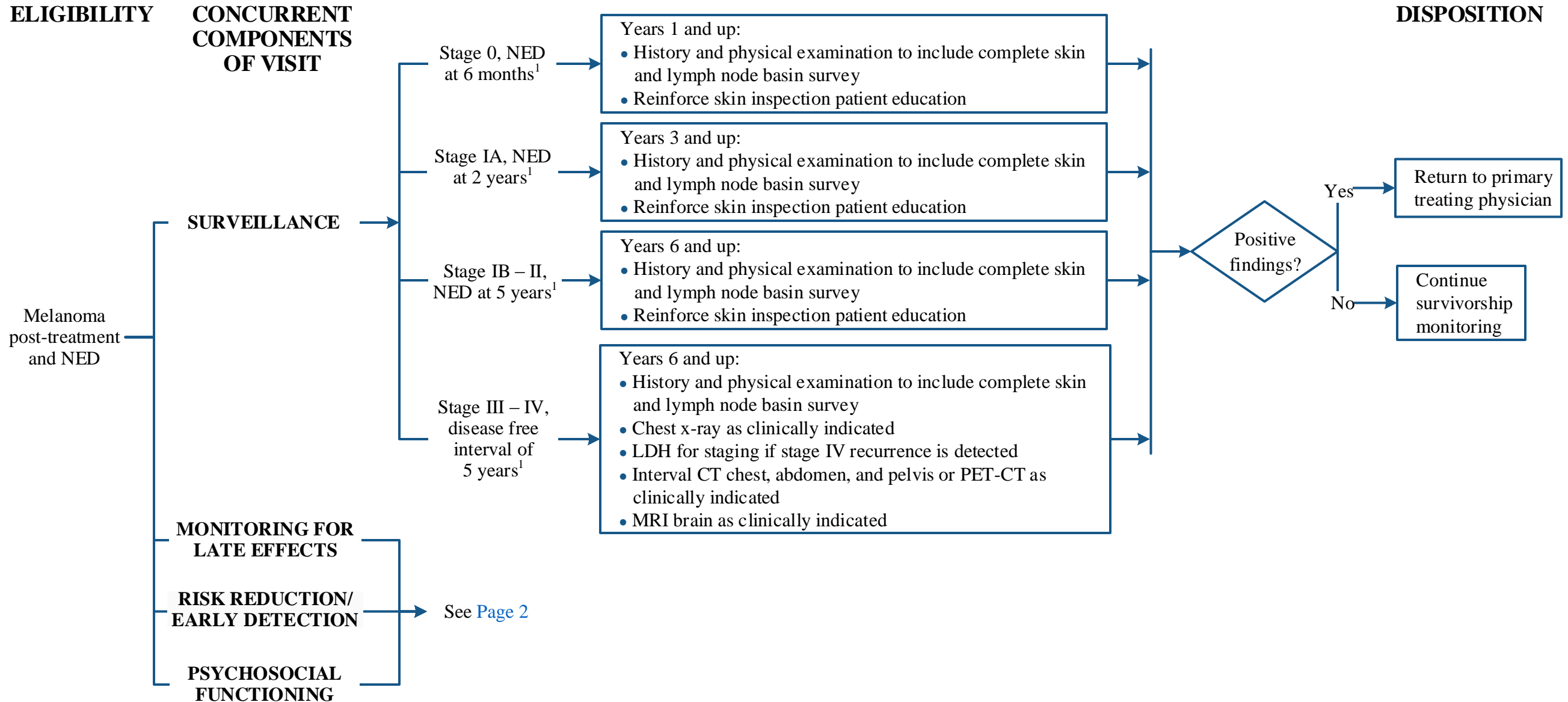*Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Melanoma post-treatment and NED

SURVEILLANCE

Stage 0, NED at 6 months[1]
→ Years 1 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education

Stage IA, NED at 2 years[1]
→ Years 3 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education

Stage IB – II, NED at 5 years[1]
→ Years 6 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education

Stage III – IV, disease free interval of 5 years[1]
→ Years 6 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Chest x-ray as clinically indicated
- LDH for staging if stage IV recurrence is detected
- Interval CT chest, abdomen, and pelvis or PET-CT as clinically indicated
- MRI brain as clinically indicated

Positive findings?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

RISK REDUCTION/ EARLY DETECTION → See Page 2

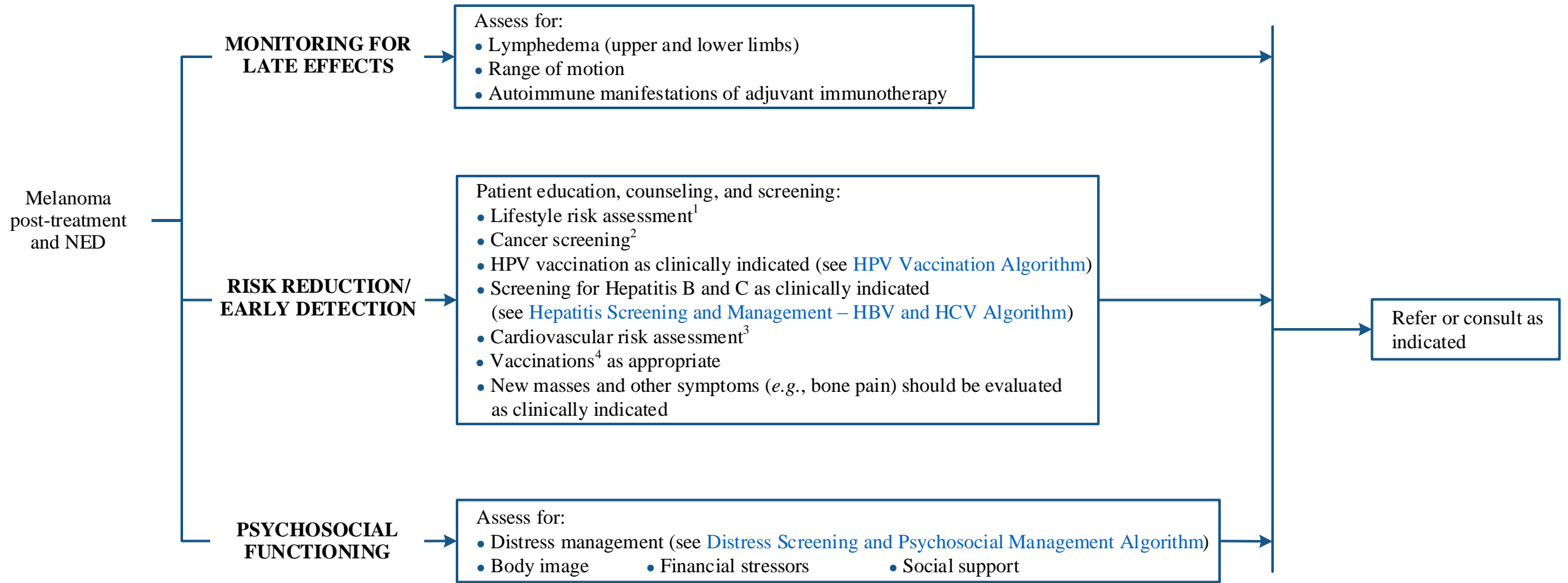**PSYCHOSOCIAL FUNCTIONING**

NED = No Evidence of Disease

[1]All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer.

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Melanoma post-treatment and NED

MONITORING FOR LATE EFFECTS

Assess for:
- Lymphedema (upper and lower limbs)
- Range of motion
- Autoimmune manifestations of adjuvant immunotherapy

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[1]
- Cancer screening[2]
- 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)
- Cardiovascular risk assessment[3]
- Vaccinations[4] as appropriate
- New masses and other symptoms (*e.g.*, bone pain) should be evaluated as clinically indicated

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Body image
- Financial stressors
- Social support

Refer or consult as indicated

NED = No Evidence of Disease
[1] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[2] Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[3] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[4] Based on Centers for Disease Control and Prevention (CDC) guidelines

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