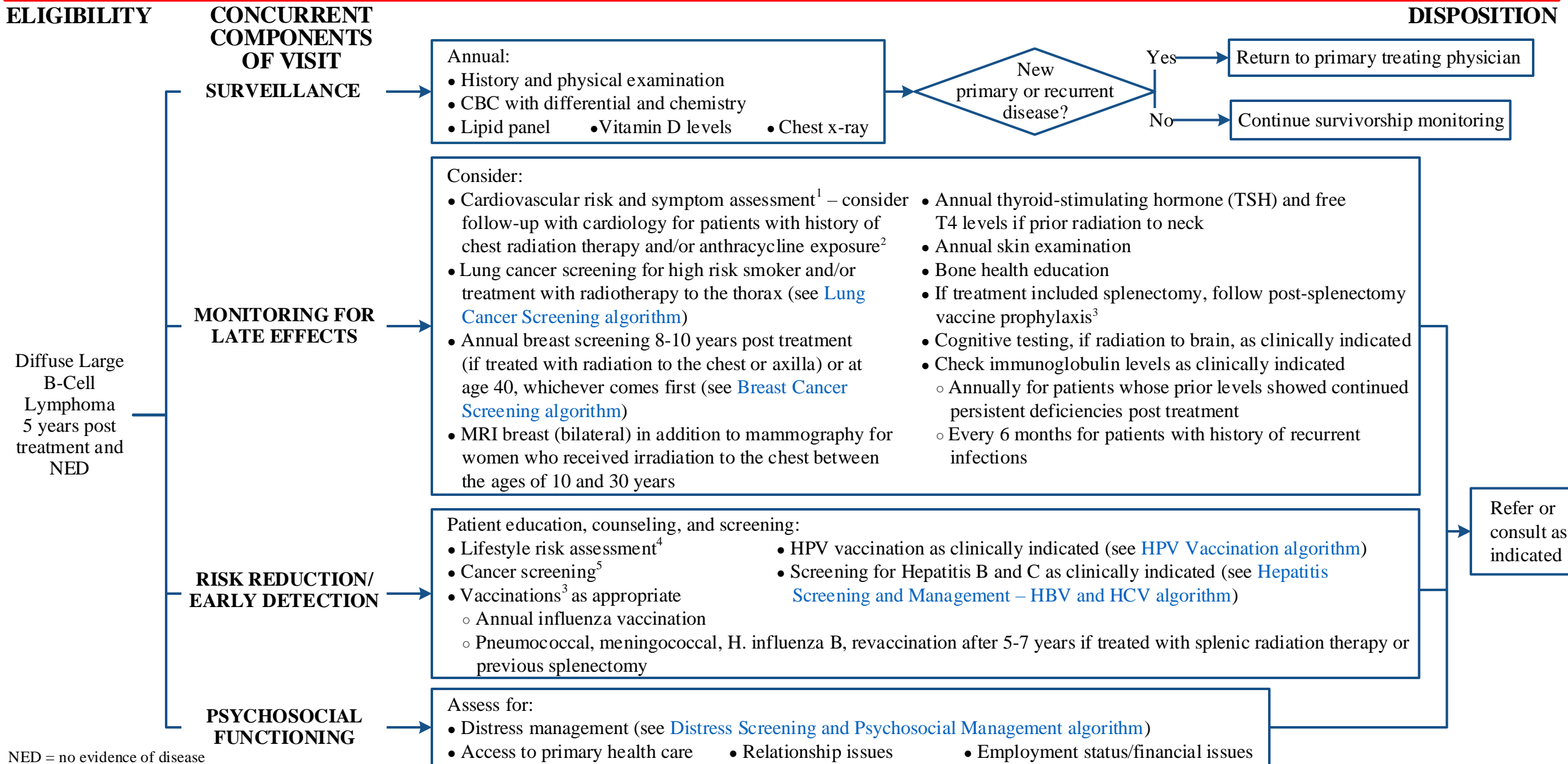


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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



NED = no evidence of disease

<sup>1</sup> Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

<sup>2</sup> Based on National Comprehensive Cancer Network (NCCN) guidelines

<sup>3</sup> Based on [Center for Disease Control and Prevention \(CDC\) guidelines](#)

<sup>4</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>5</sup> Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer](#) screening

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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:

Luis Fayad, MD (Lymphoma/Myeloma)  
Olga N. Fleckenstein♦  
Fredrick Hagemeister, MD (Lymphoma/Myeloma)  
Thoa Kazantsev, BSN, RN, OCN♦  
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)  
Haleigh Mistry, MPAS, PA (Lymphoma/Myeloma)  
Ellen Mullen, PHD, MSN, ANP, GNP (Lymphoma/Myeloma)  
Amy Pai, PharmD♦  
Alma Rodriguez, MD (Lymphoma/Myeloma)<sup>‡</sup>  
Jason Westin, MD (Lymphoma/Myeloma)<sup>‡</sup>

<sup>‡</sup> Core Development Lead

♦ Clinical Effectiveness Development Team