THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Survivorship - Esophageal Cancer

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ELIGIBILITY

Esophageal cancer 3 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Years 3 and up:
- History and physical annually
- CT chest and abdomen or PET/CT annually
  - For SCC of proximal esophagus, add CT head and neck[1] to the CT chest and abdomen imaging studies performed annually
- EGD every 2 years if history of Barrett's esophagus or SCC of proximal esophagus
- Consider comprehensive metabolic panel and CBC as clinically indicated[2]
- Consider collection of standardized patient reported outcomes annually

→ Abnormal findings[3]?
- Yes → Return to primary treating physician
- No → Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Assess for:
- Fatigue
- Cardiovascular screening[4]
- Pulmonary status
- GI disturbance

→ Refer or consult as indicated

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[5]
- Cancer screening[6]
- 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)
- Assess for alcohol use
- Vaccinations[7] as appropriate

→ Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress (see Distress Screening and Psychosocial Management algorithm)
- Depression
- Financial stressors
- Social support

→ Refer or consult as indicated

DISPOSITION

- Return to primary treating physician
- Continue survivorship monitoring
- Refer or consult as indicated

NED = no evidence of disease
EGD = esophagogastroduodenoscopy
SCC = squamous cell carcinoma

[1] Patients are at risk for secondary head and neck cancer, order CT neck (soft tissue). PET/CT may replace CT neck (soft tissue) if appropriate. For abnormal scan, refer to or consult Head & Neck Surgery for examination and evaluation.
[2] Laboratory tests may be monitored by PCP
[3] Abnormal findings may include but are not limited to:
- Recurrent or metastatic disease
- Delayed gastric emptying
- Diaphragmatic hernia
- Severe reflux and aspiration

[4] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[5] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[6] Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[7] Based on Centers for Disease Control and Prevention (CDC) guidelines

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Department of Clinical Effectiveness V2
Approved by the Executive Committee of the Medical Staff on 08/27/2019

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Esophageal 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:

Mariela Blum Murphy, MD (GI Medical Oncology)
Vikki DeVito, PA-C (Thoracic & Cardiovascular Surgery)
Wayne Hofstetter, MD (Thoracic & Cardiovascular Surgery)
Thoa Kazantsev, BSN, RN, OCN[♦]
Susan Knippel, FNP-C, RN (Thoracic & Cardiovascular Surgery)
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Prevention)[Ŧ]
Jeannette Mares, PA-C (GI Medical Oncology)
Ara Vaporciyan, MD (Thoracic & Cardiovascular Surgery)[Ŧ]

[Ŧ] Core Development Team
[♦] Clinical Effectiveness Development Team

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