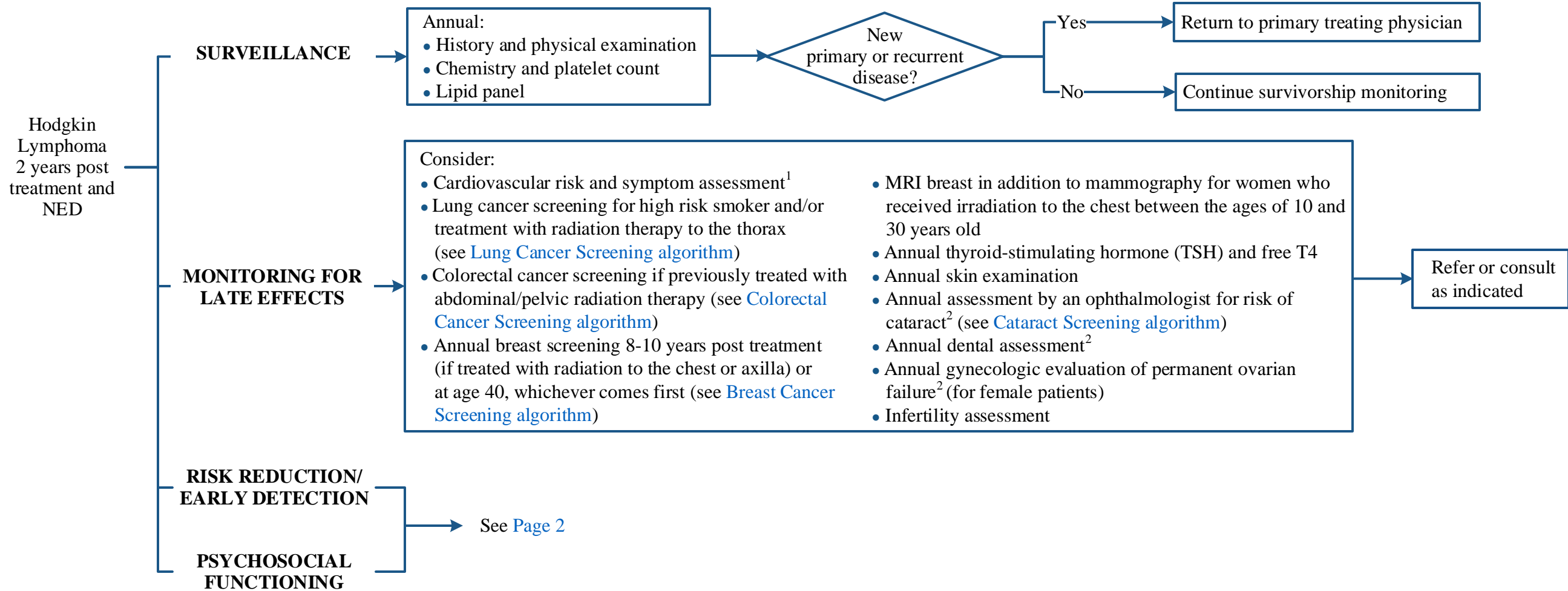


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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

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

² For patients who received an autologous stem cell transplant

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Hodgkin Lymphoma
 5 years post treatment
 and NED (continued from
 previous page)

**RISK REDUCTION/
 EARLY DETECTION**

Patient education, counseling, and screening:

- Lifestyle risk assessment¹
- Cancer screening²
- 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](#))
- Vaccinations³ as appropriate
 - Annual influenza vaccination
 - Pneumococcal, meningococcal, H. influenza B, revaccination after 5-7 years if treated with splenic radiation therapy or previous splenectomy

PSYCHOSOCIAL FUNCTIONING

Assess for:

- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
- Access to primary health care
- Employment status/financial issues
- Body image issue
- Relationship issues

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 Based on [Centers for Disease Control and Prevention \(CDC\)](#) guidelines

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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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