

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

Peripheral T-Cell Lymphoma
 5 years post treatment
 NED

SURVEILLANCE

- History and physical annually including complete skin exam
- CBC with differential and chemistries annually
- Lipid panel annually
- Chest x-ray annually

New primary or recurrent disease?

Yes
 No

Return to primary treating physician

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

- Consider:
- Cardiovascular risk and symptom assessment¹
 - Lung cancer screening if at risk smoker and/or treatment with radiotherapy to the thorax (see [Lung Cancer Screening Algorithm](#))
 - TSH and T4 annually if prior radiation to neck
 - Immunoglobulin levels if recurrent infections of any type
 - Skin exam annually
 - Bone health education; perform bone density screening, as well as check vitamin D and calcium levels with supplementation, as clinically indicated

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment²
 - Cancer screening³
 - 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](#))
 - Vaccinations⁴ as appropriate (including influenza vaccination annually)

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

- Assess for the following as clinically indicated:
- Distress management (see [Distress Screening and Psychosocial Management Algorithm](#))
 - Access to primary health care
 - Relationship issues
 - Employment status, financial issues

NED = no evidence of disease

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

² See [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 Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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SUGGESTED READINGS

Centers for Disease Control and Prevention. (2018, March 5). *Recommended immunization schedule for adults aged 19 years or older, United States 2018*.

Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Survivorship – Life After Diagnosis and Treatment. Retrieved from <http://www.lls.org/diseaseinformation/managingyourcancer/survivorship/>

Vanderbilt Cardio-Oncology Program. (2017). *Know Your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

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DEVELOPMENT CREDITS

This cancer survivorship consensus algorithm is based on majority expert opinion of the Survivorship Lymphoma Faculty 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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