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ELIGIBILITY

Nasopharynx cancer minimum 30 months post-treatment at MDACC with one post-treatment MRI head and neck and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- History and physical exam within 6-12 months of transition to HNSVC with:
 - Nasopharyngoscopy and otoscopy
 - Chest x-ray
 - MRI (or CT, per baseline imaging study) head and neck if less than 5 years from end of treatment, then
- History and physical exam annually with:
 - Nasopharyngoscopy and otoscopy
 - Chest x-ray
 - MRI (or CT, per baseline imaging study) head and neck through 5 years from end of treatment

MONITORING FOR LATE EFFECTS

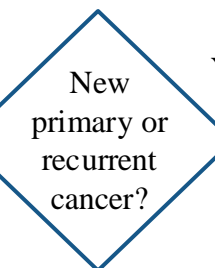
- Consider:
- Audiogram annually
 - Xerostomia assessment
 - Dental/osteoradionecrosis assessment
 - T4 and TSH annually if treated with radiation therapy
 - Dysphagia assessment
 - Speech pathology assessment
 - Lymphedema assessment
 - Neurocognitive dysfunction assessment

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](#))
 - Consider cardiovascular risk reduction³
 - Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

- Assess for:
- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
 - Anxiety/depression
 - Financial stressors
 - Body image
 - Social support



DISPOSITION

Return to primary treating physician

Continue survivorship monitoring

Refer or consult as indicated

NED = no evidence of disease

HNSVC = Head and Neck Survivorship clinic

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](#)

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SUGGESTED READINGS

- American Cancer Society Guidelines for the Early Detection of Cancer. Retrieved from <https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>.
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- National Comprehensive Cancer Network. Head and Neck Cancers (Version 2.2018). https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf.
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- 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 survivorship algorithm is based on majority expert opinion of the Head and Neck 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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