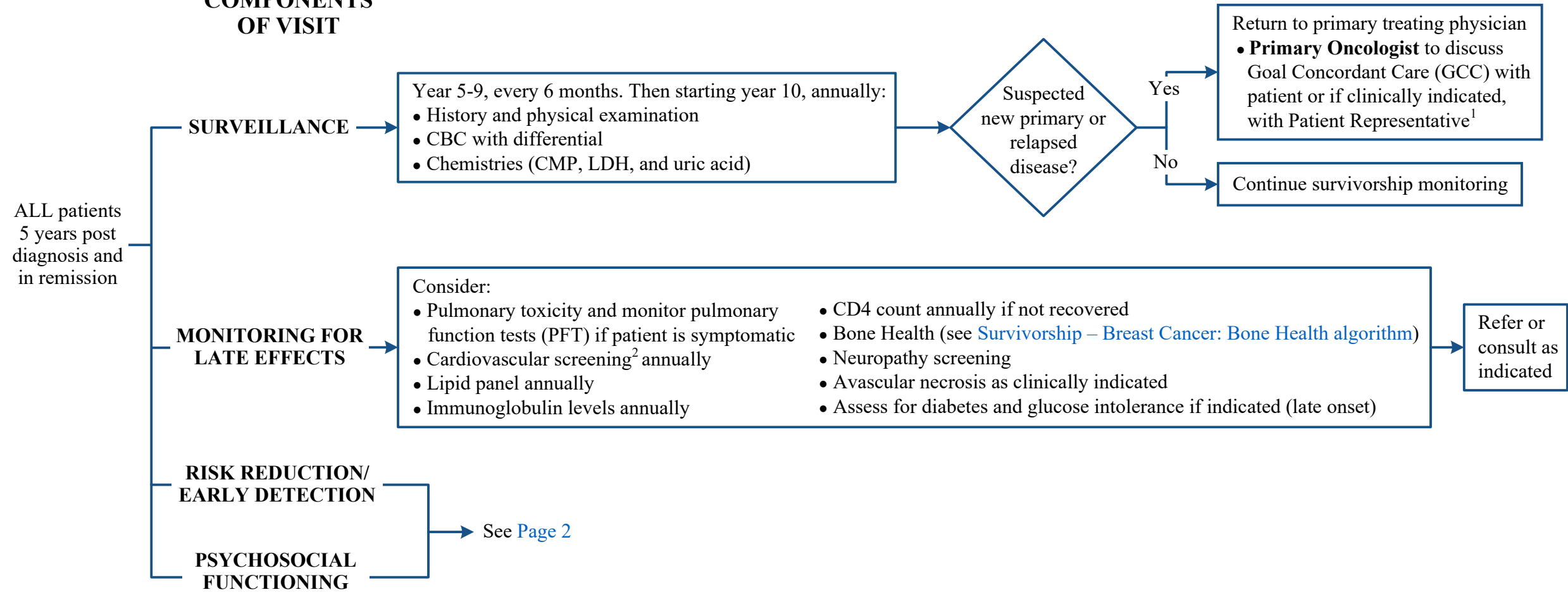


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ELIGIBILITY

CONCURRENT  
COMPONENTS  
OF VISIT

DISPOSITION



CMP = complete metabolic panel  
LDH = lactate dehydrogenase

<sup>1</sup> GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

<sup>2</sup> Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

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**ELIGIBILITY**

**CONCURRENT  
COMPONENTS  
OF VISIT**

**DISPOSITION**

ALL patients  
5 years post  
diagnosis and  
in remission

**RISK REDUCTION/  
EARLY DETECTION**

Patient education, counseling and screening:

- Lifestyle risk assessment<sup>1</sup>
- Cancer screening<sup>2</sup>
- Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B Virus \(HBV\) Screening and Management](#) and [Hepatitis C Virus \(HCV\) Screening](#) algorithms)
- Vaccinations<sup>3</sup> as appropriate
  - Human papillomavirus (HPV) vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
  - For pneumococcal vaccine schedules, see [Appendix A](#)
  - Influenza vaccination yearly
  - Consider one dose of tetanus-diphtheria-pertussis (Tdap) vaccine as an adult if patient has not received Tdap previously and there are no contraindications. Thereafter tetanus-diphtheria (Td) vaccination every 10 years.
  - Zoster Vaccine Recombinant, Adjuvanted (Shingrix) can be considered for patients who have had a shared patient-provider conversation regarding the vaccine, and meets ACIP criteria<sup>4</sup>
  - Covid-19 vaccination as per CDC guideline
  - Hepatitis B vaccination as per CDC guideline
  - Patients should inform their providers about plans to travel outside of the US at least one month in advance for appropriate counseling and vaccinations
  - Recommendations for vaccination of household members

**PSYCHOSOCIAL  
FUNCTIONING**

Assess for the following as clinically indicated:

- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
- Access to primary health care
- Vision/cataract screening (see [Cataract Screening algorithm](#))
- Financial stressors
- Relationship issues
- Infertility

Refer or  
consult as  
indicated

ACIP = Advisory Committee on Immunization Practices

<sup>1</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>2</sup> Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#) and [skin](#) cancer screening

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

<sup>4</sup> Adults age 50 years and older with a history of chickenpox or shingles

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## APPENDIX A: Pneumococcal Vaccine<sup>1</sup> Schedules for Adults

Prior Vaccines	Recommendation <sup>2</sup>
None or Unknown	1 dose of PCV20
PPSV23 only	1 dose of PCV20 at least 1 year after the last PPSV23 dose
PCV13 only	1 dose of PCV20 at least 1 year after PCV13
PCV13 at any age and PPSV23 before 65 years	1 dose of PCV20 at least ≥ 5 years after the last pneumococcal vaccine
PCV13 at any age and PPSV23 at 65 years or older	The decision to administer 1 dose of PCV20 at least ≥ 5 years of last pneumococcal vaccine is a shared clinical decision between the patient and the provider

PCV13 = pneumococcal 13-valent conjugate vaccine  
PCV20 = pneumococcal 20-valent conjugate vaccine  
PPSV23 = pneumococcal polysaccharide 23-valent vaccine

<sup>1</sup> Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)  
<sup>2</sup> Refer to the [CDC pneumococcal vaccination summary](#) or the [CDC PneumoRecs VaxAdvisor clinical support tool](#) for comprehensive pneumococcal vaccination recommendations

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## DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Leukemia Survivorship workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

### Core Development Team Leads

Alessandra Ferrajoli, MD (Leukemia)  
Nicholas J. Short, MD (Leukemia)

### Workgroup Members

Ella Ariza Heredia, MD (Infectious Diseases)  
Naval Daver, MD (Leukemia)  
Wendy Garcia, BS♦  
Katherine Gilmore, MHP (Cancer Survivorship)  
Tapan Kadia, MD (Leukemia)  
Thoa Kazantsev, MSN, RN, OCN♦  
Musa Yilmaz, MD (Leukemia)

♦ Clinical Effectiveness Development Team