

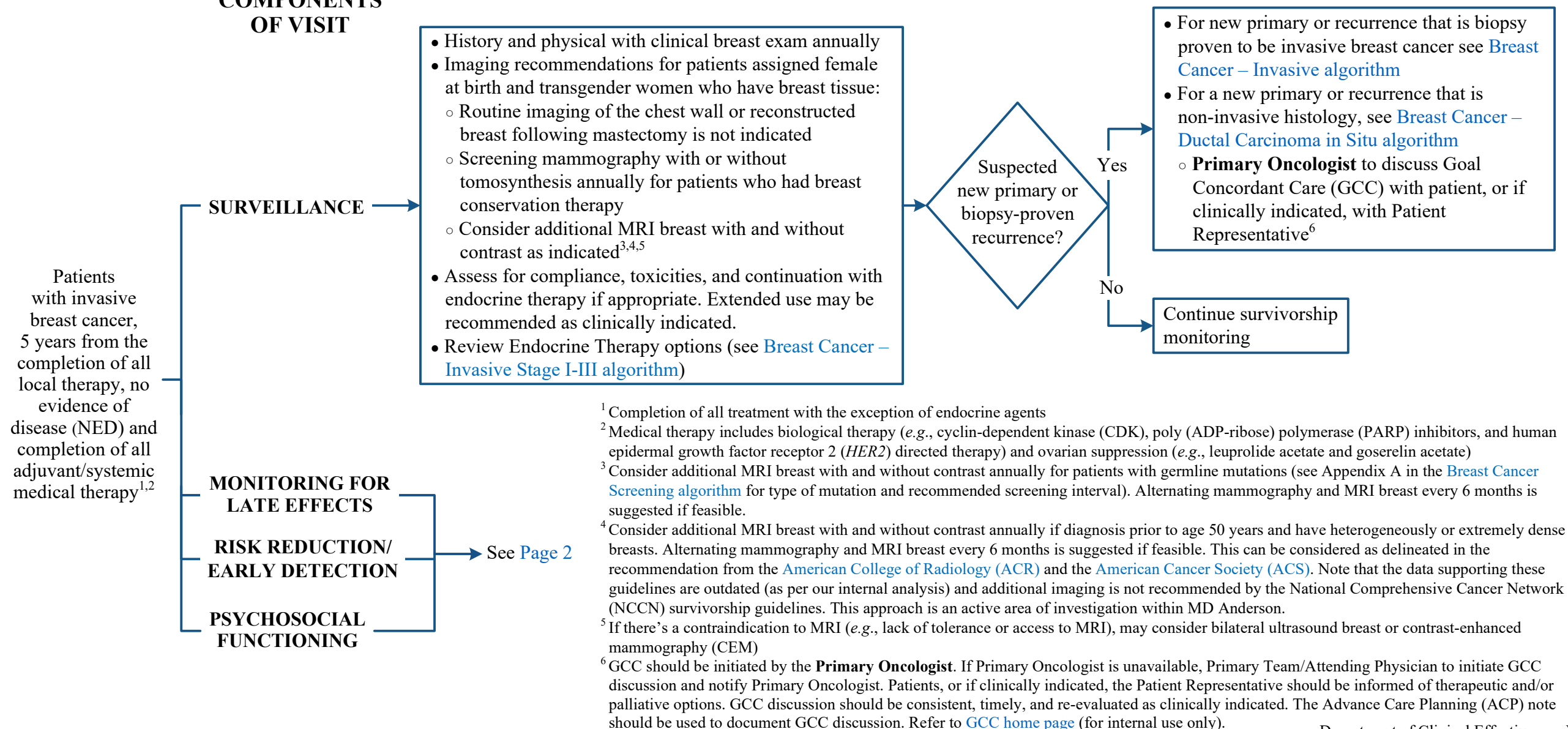
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.

**Note:** Mammograms may continue as long as the patient has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.

## ELIGIBILITY

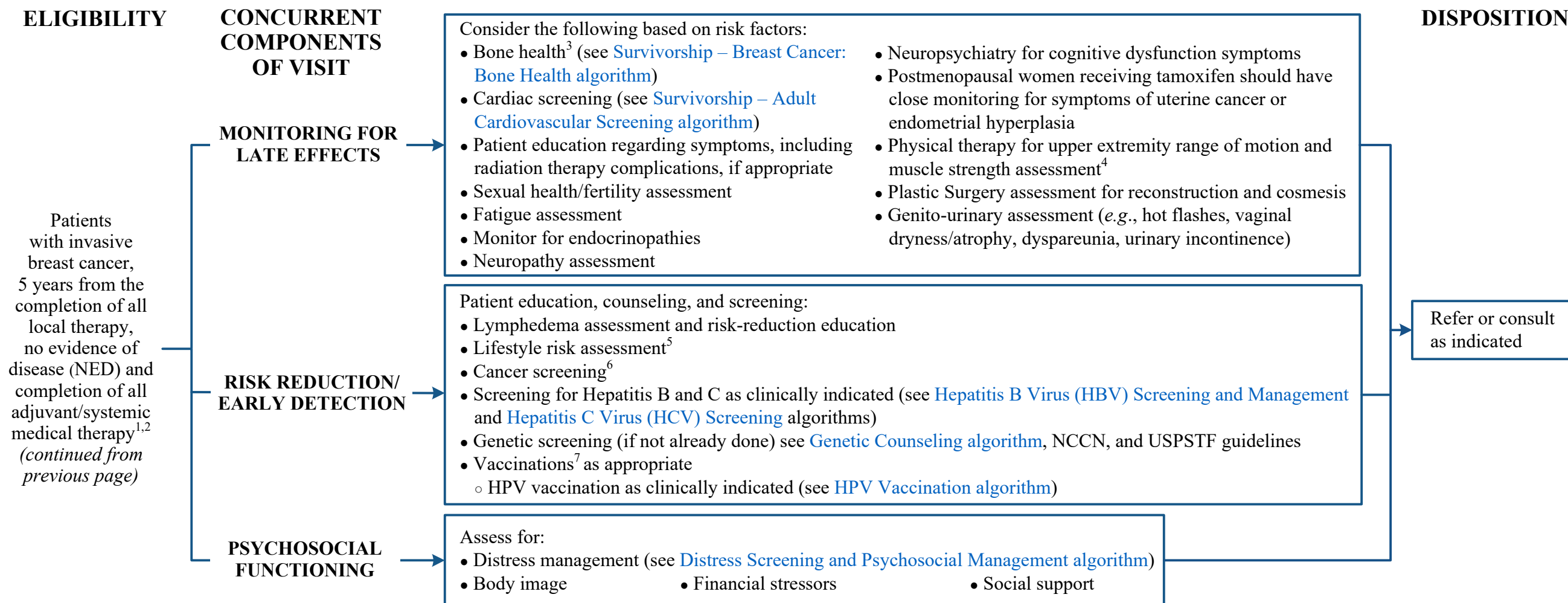
## CONCURRENT COMPONENTS OF VISIT

## DISPOSITION



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USPSTF = United States Preventive Services Task Force

<sup>1</sup> Completion of all treatment with the exception of endocrine agents

<sup>2</sup> Medical therapy includes biological therapy (e.g., cyclin-dependent kinase (CDK), poly (ADP-ribose) polymerase (PARP) inhibitors, and human epidermal growth factor receptor 2 (HER2) directed therapy) and ovarian suppression (e.g., leuprolide acetate and goserelin acetate)

<sup>3</sup> All postmenopausal women (especially those on aromatase inhibitors) and premenopausal women on ovarian suppression

<sup>4</sup> Consider Physical Medicine and Rehabilitation consultation for patients who have restricted range of motion unrelieved by physical therapy to discuss additional strategies for improved physical functioning

<sup>5</sup> See [Physical Activity](#), [Nutrition](#), [Obesity Screening and Management](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>6</sup> Includes [cervical](#), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer screening](#)

<sup>7</sup> Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

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## DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Breast Cancer Survivorship workgroup 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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