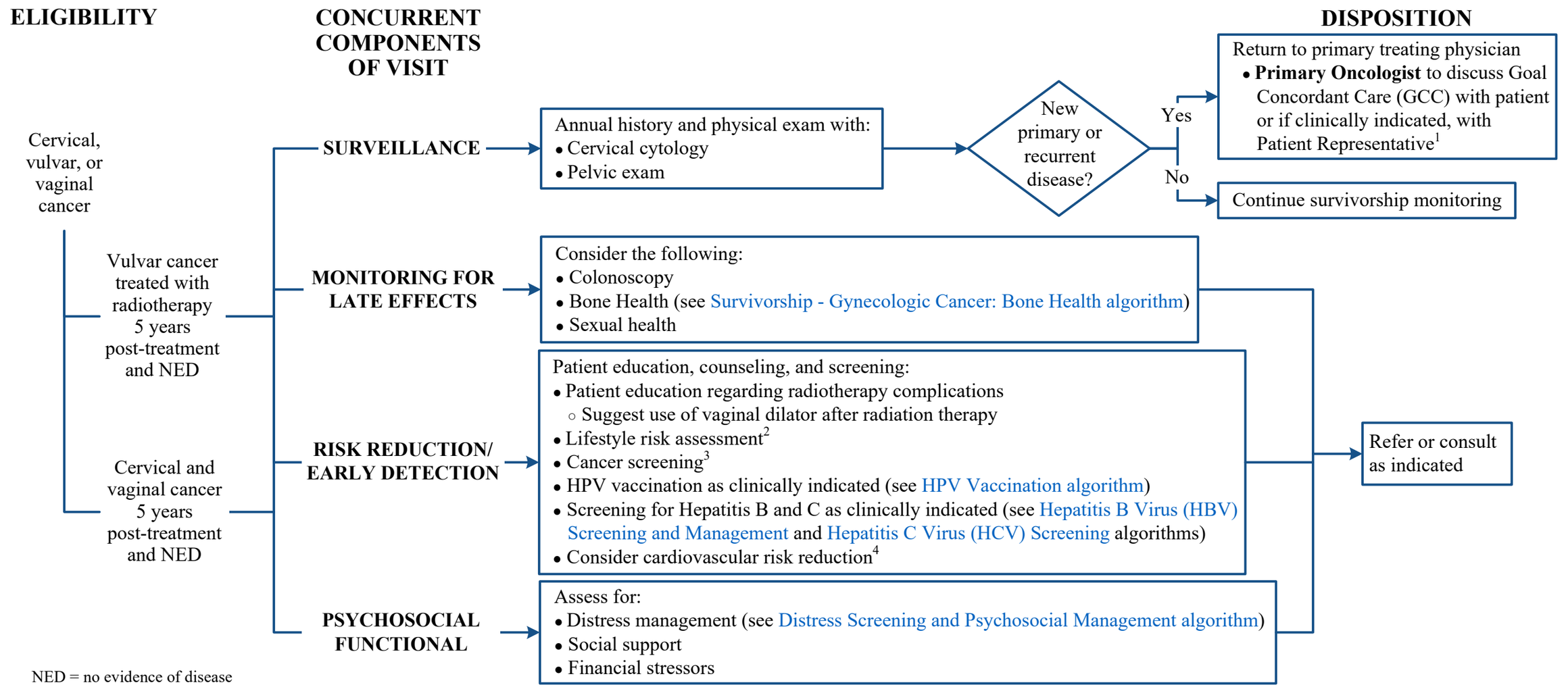
Survivorship – Cervical Cancer (Includes Vulvar and Vaginal)



NED = no evidence of disease

[1] 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).

[2] See Physical Activity, Nutrition, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[3] Includes breast, colorectal, liver, lung, pancreatic, and skin cancer screening

[4] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

Department of Clinical Effectiveness V9
Approved by the Executive Committee of the Medical Staff on 09/19/2023

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Gynecologic 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

Kathleen Schmeler, MD (Gynecologic Oncology & Reproductive Medicine)

Workgroup Members

Therese Bevers, MD (Cancer Prevention)
Michael Frumovitz, MD (Gynecologic Oncology & Reproductive Medicine)
Wendy Garcia, BS♦
David Gershenson, MD (Gynecologic Oncology & Reproductive Medicine)
Katherine Gilmore, MPH (Cancer Survivorship)
Thoa Kazantsev, MSN, RN, OCN♦
Andrea Milbourne, MD (Gynecologic Oncology & Reproductive Medicine)
Travis Sims, MD (Gynecologic Oncology & Reproductive Medicine)

♦ Clinical Effectiveness Development Team