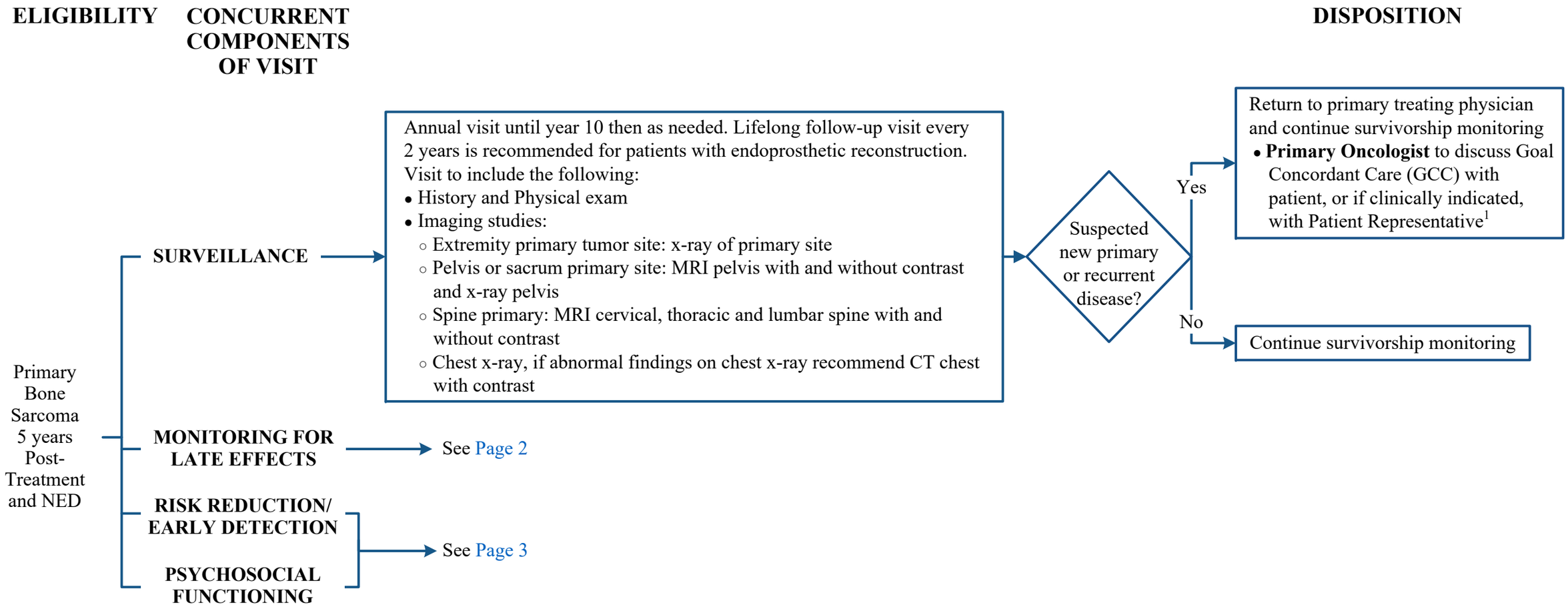
Survivorship – Adult Primary Bone Sarcoma



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).

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Survivorship – Adult Primary Bone Sarcoma

ELIGIBILITY	CONCURRENT COMPONENTS OF VISIT		DISPOSITION
Primary Bone Sarcoma 5 years Post-Treatment and NED	**MONITORING FOR LATE EFFECTS**	Assess for: • CBC with differential and comprehensive metabolic panel (CMP) if treated with chemotherapy • Cardiotoxicity as clinically indicated (see Survivorship – Adult Cardiovascular Screening algorithm) • Renal dysfunction/Nephrotoxicity • Second malignancy • Musculoskeletal problems • Limb salvage patients: assess for prosthetic/mechanical failure and/or prosthetic infection • Fit, condition of external prosthesis, and document the K-level[1] for amputee patients • Ototoxicity annually for patients who received cisplatin or carboplatin therapy; audiology referral for hearing loss, tinnitus, or abnormal pure tone audiometry results showing a loss > 15 dB absolute threshold level (1,000-8,000 Hz) • Fertility/sexual health (see Ovarian Toxicity Monitoring algorithm) • Breast cancer screening if previously treated with radiation ◦ Adult: Annual breast screening 8-10 years post radiation treatment to the chest/axilla or at age 40 years; whichever comes first (see Breast Cancer Screening algorithm) - Annual MRI breast (bilateral) in addition to screening mammography for patients who received irradiation to the chest between the ages of 10 and 30 years old ◦ Pediatric: Annual breast screening post radiation treatment to the chest/axilla/TBI beginning at puberty until age 25 years, then every 6 months - Annual MRI breast and screening mammography 8 years post radiation treatment or at age 25 years; whichever occurs last	Refer or consult as indicated

NED = no evidence of disease
TBI = total body irradiation

[1] K-level is a rating system used by the Centers for Medicare & Medicaid Services (CMS) to indicate the patient's rehabilitation potential and intended use of the lower limb prosthesis

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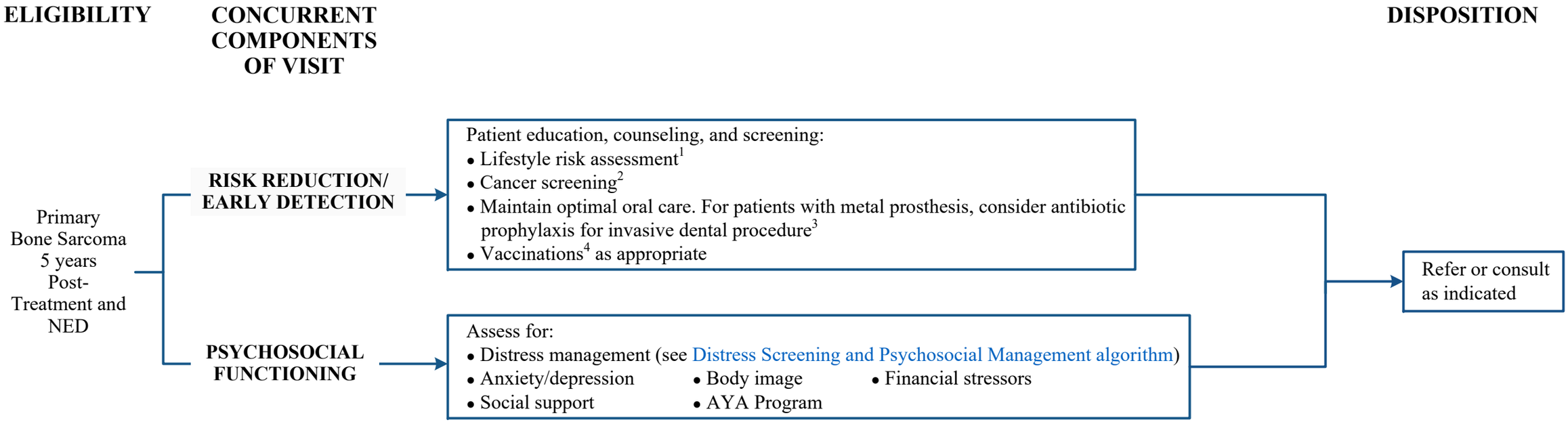

AYA = Adolescent & Young Adult
NED = no evidence of disease

[1] 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
[2] Includes breast, cervical, colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[3] Administer antibiotic 1 hour prior to invasive dental procedure for patients with mega prosthetic reconstruction (*e.g.* joint replacements in limb salvage patients). Antibiotic options are cephalexin 2 g PO or clindamycin 600 mg PO if patient has an allergy to penicillin or cephalosporin.
[4] Based on American Society of Clinical Oncology (ASCO) guidelines

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