



FOLLOW-UP GUIDELINES Hodgkin's Lymphoma April 2009

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of lymphoma follow-up include:

- To ensure that complications from radiation and chemotherapy or other therapy are identified and managed.
- To identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms, rather than being detected on routine follow-up.

These recommendations are consistent with the individual disease's natural history and the chances of detecting potentially curable recurrent cancer.

Specifically:

- Hodgkin's disease is a potentially curable disease with the vast majority of individuals who will relapse doing so within the first 2-3 years post therapy. Relapse after initial therapy will occur in 10 - 15% of limited stage disease and up to 30 - 40% of advanced stage disease. Patients may be stratified into a good risk group with a relapse rate of <10% or a high risk group by PET scan after either the second cycle of ABVD or at the end of chemotherapy. Currently, however, there are no modifications to follow-up based on such stratification.
- The majority of recurrences are detected by the patients themselves in between regularly scheduled follow-up visits.
- The prompt detection and investigation of relapse is important since potentially curative treatment options or other salvage options are still available.
- Follow-up should include screening for therapy induced secondary malignancies including myelodysplasia/acute myelogenous leukemia via a CBC, breast cancer via annual mammography after age 40-50 years, melanoma with skin exam, and cervical carcinoma-in-situ with a Pap smear for the remainder of the patient's life.
- Regardless of age, female patients with mediastinal or axillary radiation fields that included breast tissue should undergo a baseline mammogram 1 year after end of treatment.
- After neck irradiation, 40-50% of patients will eventually become hypothyroid and these patients require annual lifelong thyroid monitoring starting in year one.
- After head and neck irradiation dental follow-up is important and patients should make their dentist aware of previous irradiation to mouth/salivary glands.

- In relation to fertility, women who continue menstruating are usually fertile, but men will require semen analysis to definitively determine fertility status.
- Annual influenza vaccine is recommended annually with pneumococcal immunization recommended once every 5-6 years.

**Follow-Up Testing For All Patients Years 1 -3
To Be Performed Q 3months X 2 Years – Q 6 Months 3rd Year**

- All patients should be advised to contact their physician earlier than scheduled if worrisome symptoms are recognized.
- Clinical exam of neck, supraclavicular, axillary, inguinal lymph nodes, lungs, abdomen, thyroid, and skin.
- Chest x-ray if previous intrathoracic disease.
- CBC, creatinine.

Other Testing To Be Performed Annually Years 1 -3

- Obtain a CT scan of the thorax, abdomen, and pelvis baseline post therapy. Subsequent CT scans are usually only performed in relation to symptomatology or physical findings. A CT scan at one year post-treatment is reasonable if previous disease sites are not accessible by chest x-ray or ultrasound.
- Pap smear
- Breast exam and mammogram for women after age 40 if prior chest radiotherapy -otherwise age 50
- TSH only if the thyroid was irradiated
- Influenza immunization

**Follow-Up Testing For All Patients Years 3-5 To Be Performed
Every 6 Months**

- Clinical exam of neck, supraclavicular, axillary, inguinal lymph nodes, lungs, abdomen, thyroid, and skin
- Chest x-ray
- CBC, creatinine

Other Testing To Be Performed Annually Years 3-5

- Annual chest x-ray if prior thoracic radiation
- Pap smear
- Breast exam and mammogram for women after age 40 if prior chest radiotherapy –otherwise age 50
- TSH only if the thyroid was irradiated
- Influenza immunization
- Consider CT scan if previous disease sites not accessible by x-ray or ultrasound

After Five Years, Follow Up Should Be Annual

- Annual chest x-ray if prior thoracic radiation
- Clinical exam of neck, supraclavicular, axillary, inguinal lymph nodes, lungs, abdomen, thyroid, and skin
- CBC, creatinine,
- Pap smear
- Breast exam and mammogram for women after age 40 if prior chest radiotherapy –otherwise 50
- TSH-only if the thyroid was irradiated
- Influenza immunization
- Consider follow up by family physician if no evidence of recurrence or late toxicities 5 years after treatment.

References

BC Cancer Agency

<http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/default.htm>

NCCN Guideline

<http://www.nccn.org/Registration/login/login.aspx?s=PG>

State-Of-The-Art Oncology in Europe

<http://startoncology.axenso.it/capitoli/default.jsp?menu=professional&language=eng>

Up-to-Date

<http://www.uptodateonline.com/online/index.do>

Visit our website at <http://www.saskcancer.ca/>