FOLLOW-UP GUIDELINES
Low-Grade Non-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:

- The majority of recurrences are often detected by the patient themselves.
- Low-grade lymphomas tend to pursue a chronic relapsing course and are generally considered incurable except for a limited subset of stage I or II patients or younger patients eligible for a potentially curable allogeneic stem cell transplant.
- With the newer rituximab based chemotherapies, the median time to relapse post initial therapy has been pushed out to the range of three years. There is no evidence of either a plateau in the survival curves or that the rate of transformation of about 20% has been reduced.
- Monitoring on rituximab maintenance therapy and for 2 years post treatment should include q 3 monthly IgG/M/A levels to detect humoral immunosuppression which may occur in up to 50% of patients. IVIG substitution at 10 g q 4 weeks may be considered for recurrent infections (> 3 URTI requiring antibiotics in 6-month interval) or an IgG level below 2 g/L.
- The prompt detection and investigation of relapse is important since potentially curative treatment options or other salvage options are still available.
- Repeat biopsy to rule out transformation should be considered if there is a rapidly progressing relapse an elevated LDH, or systemic symptoms. PET scanning may determine the best location for biopsy.

- Lymphoma 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.
- After head and neck irradiation, 40-50% of patients will eventually become hypothyroid- such patients require lifelong annual thyroid monitoring starting in year one.
- After any 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 a semen analysis to definitively determined fertility status.

- Annual Influenza vaccine is recommended with pneumococcal immunization is recommended once every 5- 6 years.

Follow-Up Testing For All Patients Years I -3 To Be Performed Q 3months X 2 Years – Q 6 Months In The 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
- CBC, creatinine, LDH

Other Testing To Be Performed Annually Years 1-3

- Obtain a baseline post therapy CT scan of the thorax, abdomen, and pelvis. Repeat if clinically indicated.
- 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 6months

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

Other Testing To Be Performed Annually Years 3-5

- 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

After Five Years, Follow Up Should Be Annual

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

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/