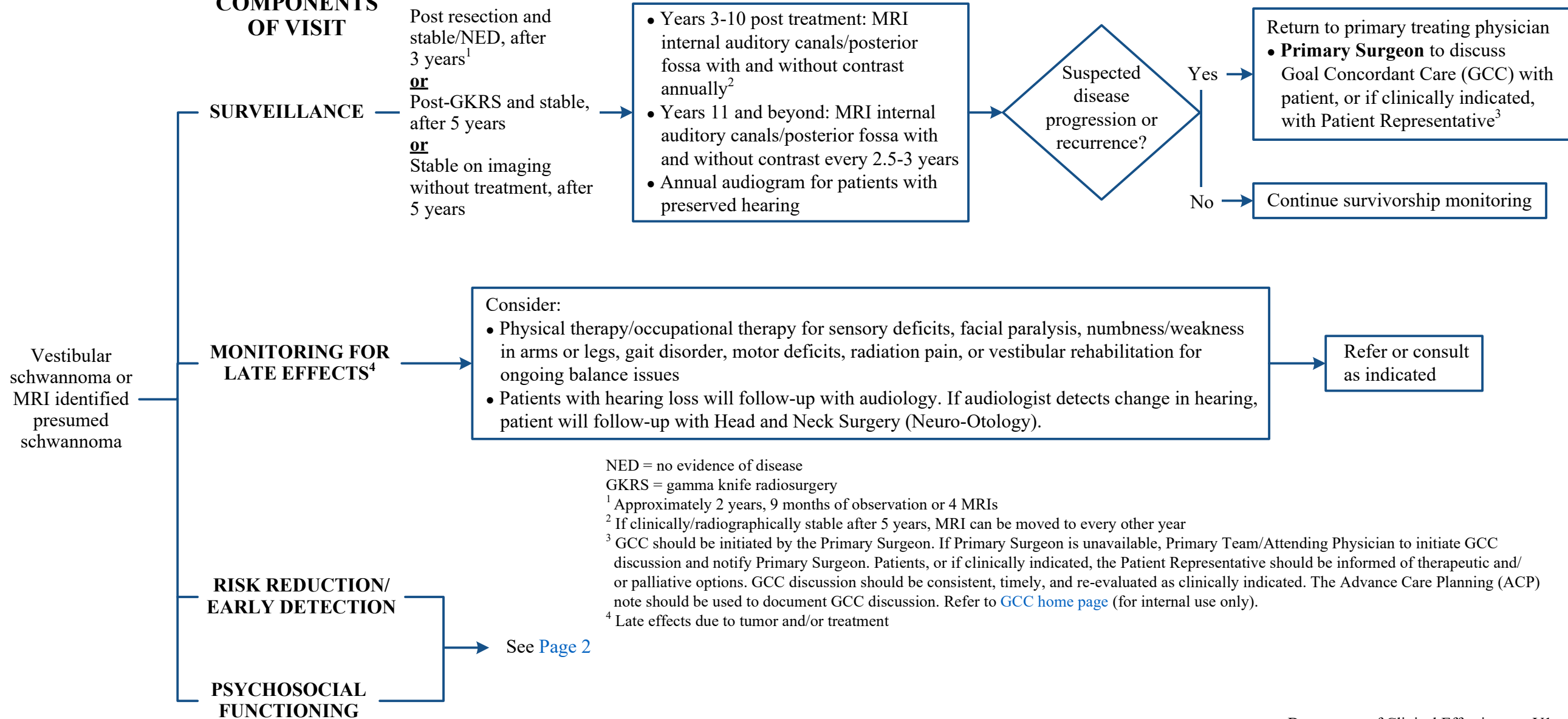


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

GKRS = gamma knife radiosurgery

¹ Approximately 2 years, 9 months of observation or 4 MRIs

² If clinically/radiographically stable after 5 years, MRI can be moved to every other year

³ GCC should be initiated by the Primary Surgeon. If Primary Surgeon is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Surgeon. 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).

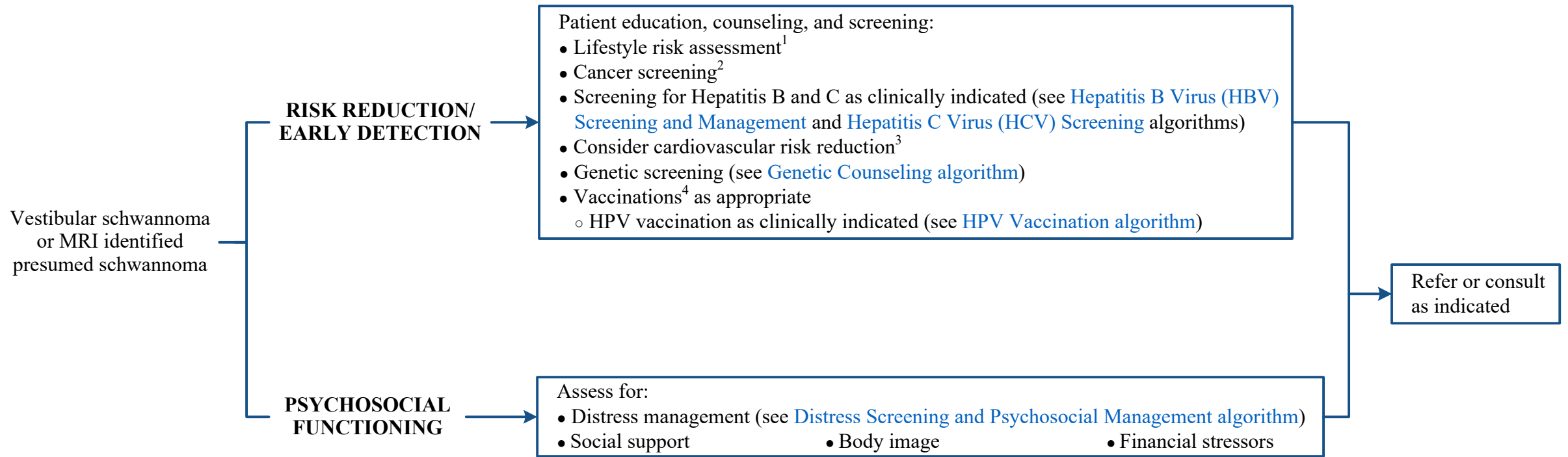
⁴ Late effects due to tumor and/or treatment

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.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



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](#), [colorectal](#), [cervical](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

³ See [Survivorship – Adult Cardiovascular Screening algorithm](#)

⁴ Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

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.

SUGGESTED READINGS

- Borsetto, D., Sethi, M., Clarkson, K., Obholzer, R., Thomas, N., Maratos, E., ... Donnelly, N. (2022). Evidence-based surveillance protocol for vestibular schwannomas: A long-term analysis of tumor growth using conditional probability. *Journal of Neurosurgery*, 137(4), 1026-1033. doi:10.3171/2022.1.JNS211544
- Bukoski, R. S., Appelbaum, E. N., & Coelho, D. H. (2020). Postoperative MRI surveillance of vestibular schwannomas: Is there a standard of care? *Otology & Neurotology*, 41(2), 265-270. doi:10.1097/MAO.0000000000002501
- Dunn, I. F., Bi, W. L., Mukundan, S., Delman, B. N., Parish, J., Atkins, T., ... Olson, J. J. (2018). Congress of Neurological Surgeons systematic review and evidence-based guidelines on the role of imaging in the diagnosis and management of patients with vestibular schwannomas. *Neurosurgery*, 82(2), E32-E34. doi:10.1093/neuros/nyx510
- Germano, I. M., Sheehan, J., Parish, J., Atkins, T., Asher, A., Hadjipanayis, C. G., ... Olson, J.J. (2018). Congress of Neurological Surgeons systematic review and evidence-based guidelines on the role of radiosurgery and radiation therapy in the management of patients with vestibular schwannomas. *Neurosurgery*, 82(2), E49-E51. doi:10.1093/neuros/nyx515
- Goldbrunner, R., Weller, M., Regis J., Lund-Johansen, M., Stavrinou, P., Reuss, D., ... Tonn, J.-C. (2020). EANO guideline on the diagnosis and treatment of vestibular schwannoma. *Neuro-Oncology*, 22(1), 31-45. doi:10.1093/neuonc/noz153
- Hadjipanayis, C. G., Carlson, M. L., Link, M. J., Rayan, T. A., Parish, J., Atkins, T., ... Olson, J. J. (2018). Congress of Neurological Surgeons systematic review and evidence-based guidelines on surgical resection for the treatment of patients with vestibular schwannomas. *Neurosurgery*, 82(2), E40-E43. doi:10.1093/neuros/nyx512
- Hruba, S., Chovanec, M., Cada, Z., Balatkova, Z., Fik, Z., Slaby, K., ... Cakrt, O. (2019). The evaluation of vestibular compensation by vestibular rehabilitation and prehabilitation in short-term postsurgical period in patients following surgical treatment of vestibular schwannoma. *European Archives of Oto-Rhino-Laryngology*, 276(10), 2681-2689. doi:10.1007/s00405-019-05503-8
- Kamboj, M., Bohlke, K., Baptiste, D. M., Dunleavy, K., Fueger, A., Jones, L., ... Kohn, E. C. (2024). Vaccination of adults with cancer: ASCO guideline. *Journal of Clinical Oncology*, 42(14), 1699-1721. doi:10.1200/JCO.24.00032
- Kumral, T. L., Uyar, Y., Berkiten, G., Mutlu, A. T., Atac, E., Sunnetci, G., & Yildirim, G. (2015). How to rehabilitate long-term facial paralysis. *Journal of Craniofacial Surgery*, 26(3), 831-835. doi:10.1097/SCS.0000000000001571
- MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy. Advance Care Planning (ACP) Conversation Workflow (ATT1925)
- Olson, J. J., Kalkanis, S. N., & Ryken, T. C. (2018). Congress of Neurological Surgeons systematic review and evidence-based guidelines on the treatment of adults with vestibular schwannomas: Executive summary. *Neurosurgery*, 82(2), 129-134. doi:10.1093/neuros/nyx586
- Peris-Celda, M., Graffeo, C. S., Perry, A., Kleinstern, G., Kerezoudis, P., Driscoll, C. L.W., ... Link, M. J. (2020). Beyond the ABCs: Hearing loss and quality of life in vestibular schwannoma. *Mayo Clinic Proceedings*, 95(11), 2420-2428. doi:10.1016/j.mayocp.2020.03.033
- Strauss, S. B., Stern, S., Lantos, J. E., Lin, E., Shin, J., Yao, P., ... Phillips, C. D. (2022). High-resolution T2-weighted imaging for surveillance in postoperative vestibular schwannoma: Equivalence with contrast-enhanced T1WI for measurement and surveillance of residual tumor. *American Journal of Neuroradiology*, 43(12), 1792-1796. doi:10.3174/ajnr.A7685
- Worrell, S. L., Kirschner, M. L., Shatz, R. S., Sengupta, S., & Erickson, M. (2021). Interdisciplinary approaches to survivorship with a focus on the low-grade and benign brain tumor populations. *Current Oncology Reports*, 23(2), 19. doi:10.1007/s11912-020-01004-8

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.*

DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Vestibular Schwannoma 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

Susan Boutte, APRN, FNP-BC (Neurosurgery)
Shaan Raza, MD (Neurosurgery)
Whittney Thoman, MS, ACSM-CEP, ACSM-CET (Cancer Survivorship)

Workgroup Members

Franco DeMonte, MD (Neurosurgery)
Olga N. Fleckenstein, BS[♦]
Paul Gidley, MD (Head & Neck Surgery)
Katherine Gilmore, MPH (Cancer Survivorship)
Thoa Kazantsev, MSN, RN, OCN[♦]
Susan McGovern, MD (CNS Radiation Oncology)
Marc-Elie Nader, MD (Head & Neck Surgery)
Johnny L. Rollins, MSN, APRN, ANP-C (Cancer Survivorship)

[♦]Clinical Effectiveness Development Team