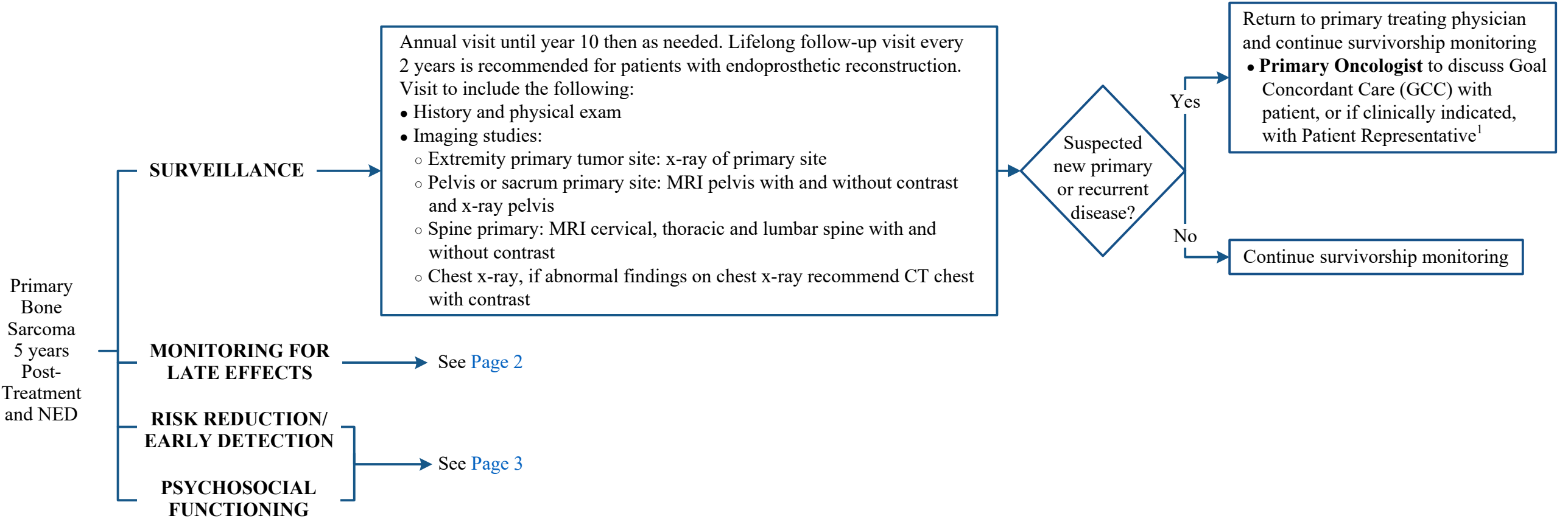


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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



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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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-level¹ 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
 - 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

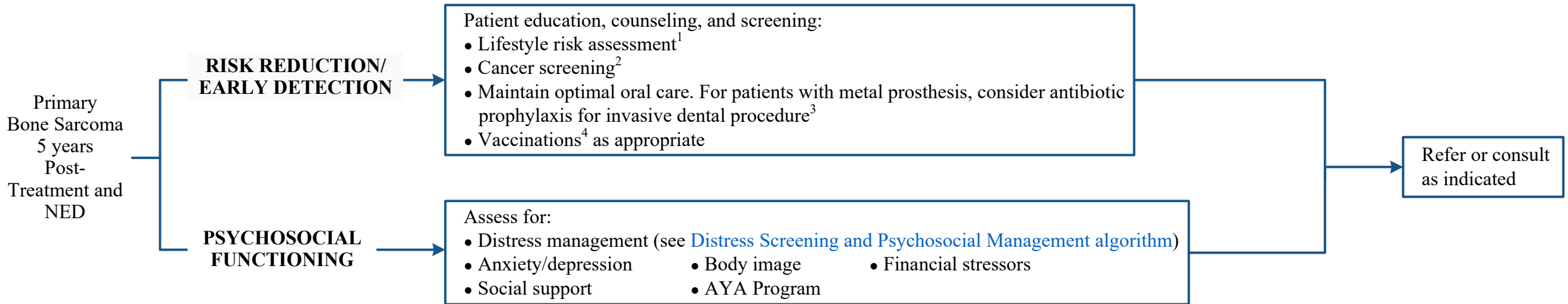
¹ K-level is a rating system used by the [Centers for Medicare & Medicaid Services \(CMS\)](#) to indicate the patient’s rehabilitation potential and intended use of the lower limb prosthesis

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



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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DEVELOPMENT CREDITS

This survivorship algorithm is based majority expert opinion of the Sarcoma Survivorship workgroup at The University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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