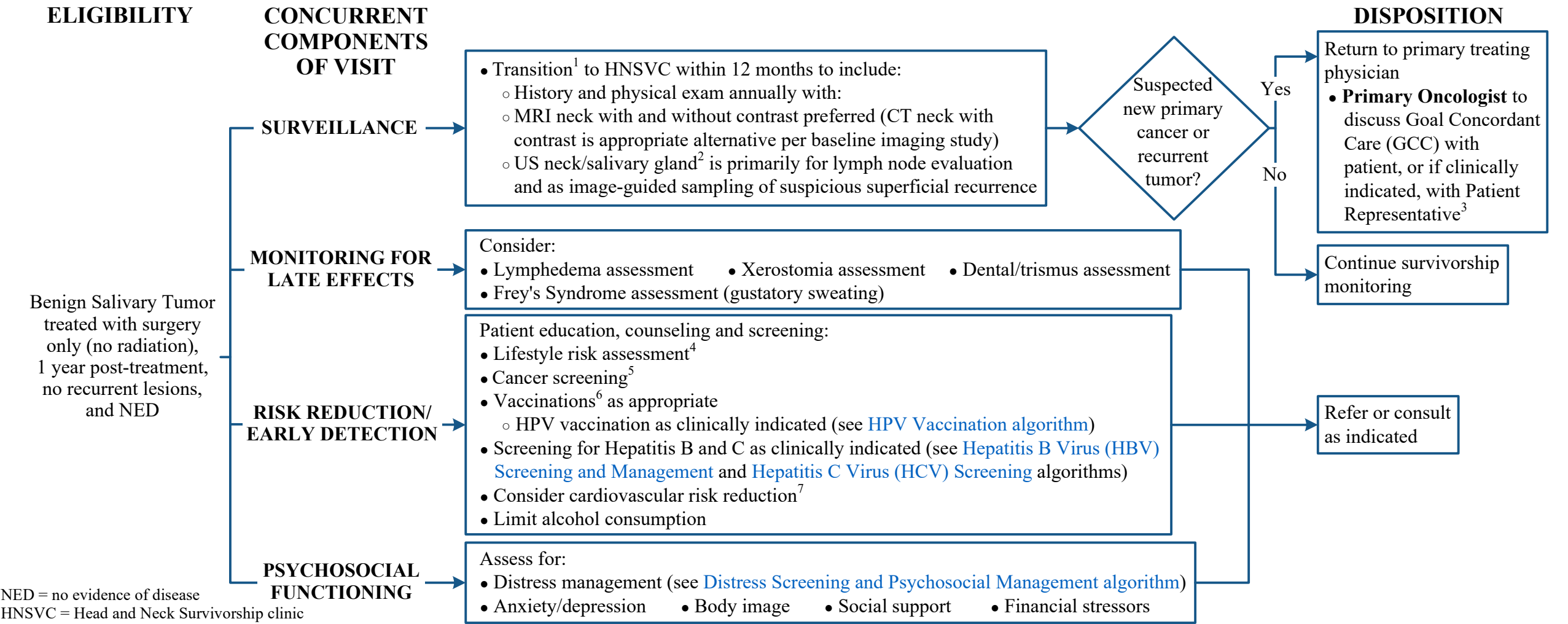


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NED = no evidence of disease
HNSVC = Head and Neck Survivorship clinic
US = ultrasound

¹ Patient may prefer local follow-ups with their primary provider or transition to the HNSVC at MD Anderson

² Imaging is recommended for 5 years as clinically indicated

³ 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).

⁴ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

⁵ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin](#) cancer screening

⁶ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

⁷ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Head and Neck 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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