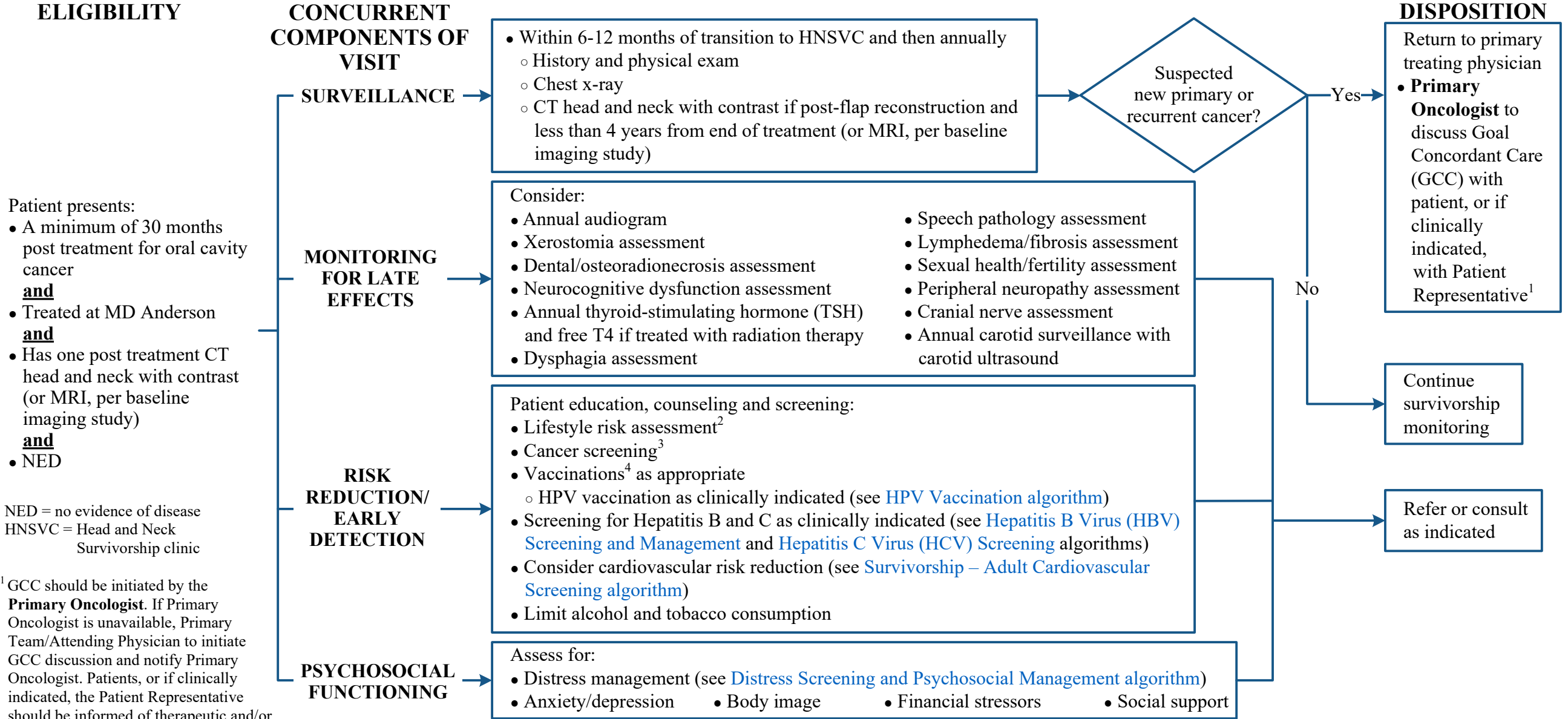


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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



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).

² 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

³ Includes [breast](#), [cervical](#), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer screening](#)

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

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Department of Clinical Effectiveness V8
Approved by the Executive Committee of the Medical Staff on 10/15/2024

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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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