Follow-up Guidelines
High-grade Non-Hodgkin's Lymphoma

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:

- Ensuring that complications radiation and chemotherapy or other therapy are identified and managed.
- Detecting relapse of the disease

Our recommendations are consistent with the patient's natural history of risk for potentially curable recurrent disease. Specifically:

- High grade lymphomas are potentially curative diseases but 10-65% of patients depending on stage and IPI (international prognostic index) will relapse after initial therapy with the majority of relapsing patients doing so within the first three years. A repeat biopsy to confirm histology should always be obtained in relapsing patients (>1 year).
- The majority of recurrences will be detected by the patient themselves.
- The prompt detection and investigation of relapse is important since potentially curative treatment options or other salvage options are still available.
- Follow-up should include screening for therapy-induced secondary malignancies including myelodysplasia/acute myelogenous leukemia with 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 neck irradiation, 40-50% of patients will eventually become hypothyroid and these patients require annual TSH measurements.
- Regarding fertility, women who continue menstruating are usually fertile, but men will require semen analysis to specifically assess fertility status.
- After head and neck irradiation, dental follow-up is important and patients should make their dentist aware of previous irradiation to mouth/salivary glands.
- Influenza vaccine is recommended annually and pneumococcal immunization is recommended once every 5-6 years.

Follow-Up Testing for All Patients Years 1-3 to be Performed Q 3-4months X 1 Year – Q 6 Months in the Second and Third 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

- Pap smear
- Breast exam and mammogram for women after age 40 if prior chest radiotherapy - otherwise the age 50.
- TSH only if the thyroid was irradiated.
- Influenza immunization.

Follow-Up Testing for All Patients Years 3-5 to be Performed Every 6 Months

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

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 5 Years, Follow Up Should be Annual

- Clinical exam of neck, supraclavicular, axillary, inguinal lymph nodes, lungs, abdomen, thyroid, and skin
- CBC, creatinine
- Pap smear
- Breast exam and mammogram for women after age 40 if prior chest radiotherapy – otherwise 50
- TSH only if the thyroid was irradiated
- Influenza immunization