



Follow-up Guidelines Hodgkin's Disease

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.

Objectives:

1. To detect relapse of the disease. Most of the relapses are within first three years after completion of therapy.
2. To detect and prevent treatment related late complications.

Recommendations:

- Patients will continued to be followed up at the cancer centre for total of three years after completion of curative therapy. Subsequently patient can be discharged to primary care provider if appropriate.
- History and physical examination and laboratory analysis including full blood count, chemistries and ESR (if elevated at the time of diagnosis), should be carried out every 3 to 6 months for the first 3 years and then once per year.
- Radiological investigations such as CT scan are not routinely required unless clinically indicated.
- Thyroid stimulating hormone should be evaluated once a year if the neck area had been radiated.
- Patients should be asked about symptoms indicating the existence of long term toxicity, especially affecting the heart and lungs. Counselling to avoid smoking, monitoring for other cardiovascular risk factors such as lipid profile, screening for diabetes is suggested.
- Yearly influenza vaccination is recommended.
- In relation to fertility, women who continue menstruating are usually fertile, but men will require semen analysis to definitively determine fertility status.
- Cancer screening should be conducted regularly due to persistently increased risk for the development of hematological and solid tumor malignancies after treatment.
- Female patients who had received chest or axillary radiation therapy should get breast cancer screening starting before the age of 40 years. These patients should have annual mammography once a year starting 8-10 years after radiation therapy. Patients who were less than 30 years of age at the time of chest irradiation should have annual breast MRI in addition to mammography.

References:

https://www.nccn.org/professionals/physician_gls/pdf/hodgkin_blocks.pdf

<https://www.esmo.org/guidelines/haematological-malignancies/hodgkin-lymphoma>