

# **LONG TERM FOLLOW-UP SERVICE AND DISCHARGE GUIDELINE FOR LYMPHOMA PATIENTS**

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**Dr Nelson Soong**

**Dr Harriet Ambrose**

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## **1. BACKGROUND**

The purpose of this guideline is to promote consistency in practice within the department with regards to follow-up care, and guide selection of patients appropriate for discharge from lymphoma follow-up clinic.

Selected group of patients have high chance of cure from their underlying lymphoma, and may not require long-term follow-up in lymphoma clinics. On the other hand, some patients remain at risk of lymphoma relapse/progression or have incurable lymphoma that will warrant long-term lymphoma clinic follow-up.

It is important that the clinicians ensure the follow-up practice is patient-centred, equitable, clinically safe & effective, and in line with current best practice. This guideline is drafted with these objectives in mind, and to provide guidance and promote consistency in practice. This guideline should be used following careful individualised assessment, in conjunction with shared decision making with patients.

## **2. PATIENT SELECTION**

Patients that can be considered for discharge from lymphoma clinic follow-up include those with:

- Classical Hodgkin Lymphoma
- Diffuse Large B-cell Lymphoma
- Burkitt's Lymphoma
- Primary Mediastinal B-Cell Lymphoma
- T-cell Lymphoma at consultant's discretion

Patients that are deemed unsuitable for discharge from lymphoma service include those with:

- Primary CNS Lymphoma
- Clinical trial patients
- Patients not in clear remission
- Low-grade lymphomas
- Mantle Cell Lymphoma
- Nodular lymphocyte Predominant Hodgkin Lymphoma
- Cutaneous T-cell Lymphoma
- CAR T-cell therapy patients
- Patients who have received third line treatment, including bispecific antibodies

There's no specific guidance available for TYA patients. The Children's Oncology Group (COG)'s Survivorship Guidelines did not specify the duration of clinic follow-up for this group of patients, however it is recognised that majority of TYA patients can be eventually discharged from long-term follow-up, therefore the decision should be individualised following careful assessment and patient discussion.

### **3. RECOMMENDED SCHEDULE OF VISITS PER DISEASE TYPE**

#### **HIGH GRADE B-CELL LYMPHOMA (Burkitt's, DLBCL, PMBCL)**

- Year One – Three monthly Consultant/Fellow OPA
- Year Two – Four monthly CNS/Fellow OPA

Then discharge from service ensuring patient has Lymphoma team contact details.

Note: For transformed follicular lymphoma, transfer to consultant low-grade lymphoma clinic after 2 years

#### **CLASSICAL HODGKIN LYMPHOMA**

- Year One – Three monthly Consultant/Fellow OPA
- Year Two – Four monthly CNS/Fellow OPA

Then discharge from service ensuring patient has Lymphoma team contact details.

Ensure follow up with Radiation Oncology if patient has received radiotherapy.

Note: Nodular lymphocyte predominant Hodgkin Lymphoma should remain on long-term follow-up.

#### **PERIPHERAL T- CELL LYMPHOMA**

- Year One – Three monthly Consultant/Fellow OPA
- Year Two – Four monthly CNS/Fellow OPA

Then discharge from service ensuring patient has Lymphoma team contact details.

#### **PRIMARY CNS LYMPHOMA**

- Year One – Three monthly Consultant/Fellow OPA + MRI Head
- Year Two – Four monthly CNS/Fellow OPA + MRI Head
- Year Three to Five – Six monthly CNS/Fellow OPA + six monthly MRI Head
- Year Six to Ten – Six monthly CNS/Fellow OPA + annual MRI Head
- Year Ten onwards – annual CNS/Fellow OPA, no routine MRI head required

#### **AUTOLOGOUS STEM CELL TRANSPLANT – for relapsed Large B-cell Lymphoma, classical Hodgkin Lymphoma and peripheral T-cell lymphoma**

- Year One – Three monthly Consultant/Fellow OPA
- Year Two – Four monthly CNS/Fellow OPA

Then discharge from service ensuring patient has Lymphoma team contact details.

## CLINIC DISCHARGE SUMMARY



### Insert GP Contact Details

Dear Dr,

### Re: Add in patient name, address, date of birth and record number

Your patient has now completed their treatment for lymphoma and no longer need to attend lymphoma clinic on a regular basis. A summary of their diagnosis; treatment and ongoing management plan are outlined below. The patient has a copy of this summary.

<b>Diagnosis:</b>	<b>Date of diagnosis:</b>
<b>Treatment summary (chemotherapy / radiotherapy) and date of treatment completion:</b>	
<input type="checkbox"/> <b>This chemotherapy regime contains anthracycline (tick if apply)</b>	
<b>Possible Treatment Toxicities/Late Effects</b> <ul style="list-style-type: none"><li>• Infertility/Menopause</li><li>• Cardiac – long term cardiovascular risk (Important to avoid risk factors, e.g. smoking, high blood pressure, diabetes)</li><li>• Hypothyroidism (If received radiotherapy to neck or chest area)</li><li>• Secondary cancers (common cancers: breast, lung, skin – important to engage in available NHS screening programmes)</li><li>• Infectious complications Some patients may develop secondary immunodeficiency and may be at increased risk of infection</li><li>• Lung complications, including pulmonary fibrosis, interstitial pneumonitis</li></ul>	
<b>These may be managed within primary care or trigger a referral to a specialist team when necessary.</b>	
<b>Alert Symptoms that Require Referral back to Specialist Team:</b> <ul style="list-style-type: none"><li>• B-symptoms (unexplained fever/ drenching night sweats and/or unexplained weight loss)</li><li>• New lump/ lymph gland swelling</li><li>• Recurrence of presenting symptoms</li></ul>	

**Recommendations for GP in addition to GP Cancer Care Review (tick if apply):**

- Health Promotion (Smoking cessation, weight control, exercise)
- Thyroid Function Test annually if have had neck radiotherapy
- BP, cholesterol, glucose monitoring annually from age of >45years if received anthracycline chemotherapy and/or autologous stem cell transplant and/or mediastinal radiotherapy.
- Health protection measures:
  - annual flu vaccination
  - Covid-19 booster as per seasonal booster campaigns
- Routine dental check-up
- Advice on sun safety & sun protection.
- Cancer screening – breast, bowel, cervical as per NHS screening programmes.
- Breast screening for patients receiving mediastinal radiotherapy <36 years of age (Check with patient that they have received an appointment regarding this)

**Completing Healthcare Worker:****Signature:****Date:**

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