



screening guidelines for survivors

When weighing the risks and the benefits of cancer screening, survivors should pursue an individualized approach.

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YOU HAVE FACED THE challenge of your cancer diagnosis; you have completed treatment. Now, as you head toward long-term survivorship, be sure that you include regular screening as part of your ongoing care plan.

But what screening guidelines should you follow? How often should you be screened and for which diseases? And what about the controversy surrounding screening that has been in the news in the past year?

The fact is that the best approach to cancer screening for survivors is one that is highly personalized, and your plan—created in collaboration with your medical oncologist and your primary care physician—should take into account the details of your own diagnosis and treatment. The type and the frequency of screening may depend—among other factors—on the type of cancer treated, the class of chemotherapy used, your age at the time of diagnosis, the location of the cancer, and if your treatment included radiation. There is not one specific guideline that should be followed in all circumstances.

It's also important to note that while your screening plan will certainly focus on the risk of cancer recurrence, you and your health care team will also want to acknowledge the risk—where applicable—of new, secondary cancers; increased cardiovascular risk; or increased risk of other medical conditions related to the original diagnosis or treatment. For example, survivors who have undergone mediastinal radiation have an increased risk of heart disease. For those patients a more aggressive approach in the management of other cardiovascular risk factors, such as diabetes, hypertension, or hyperlipidemia, may be warranted. It is important for each patient to discuss with his or her oncologist the expected benefits of screening.

Patients should also be aware that screening with radiologic tests—computed tomography (CT), positron emission tomography (PET), or magnetic resonance imaging (MRI) scans, for example—may include some risk. As a three-year survivor of Hodgkin's lymphoma, I know that the variability in guidelines in this area can sometimes present a confusing scenario. In

my case, guidelines recommend that the frequency and the type of radiologic studies should reflect the initial sites of disease and that investigation should accompany any concern about symptoms or signs of disease. The appropriate use and frequency of imaging studies, however, is not clear and is the subject of ongoing studies. Where various guidelines exist, it's especially important that patients discuss the value of these tests with their own oncologist.

The bottom line? Maintain open and frequent dialogue with your health care team about screening as it relates to your unique diagnosis and treatment. Together you will be able to create a proactive and comprehensive survivorship screening plan. **cfThrive**

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