### Non-Hodgkin Lymphoma (Mature B and T cell)
#### Pediatric Surveillance & Follow-up Guidelines

<table>
<thead>
<tr>
<th>Months from end of therapy</th>
<th>Date</th>
<th>Location</th>
<th>H&amp;P</th>
<th>CBC &amp; LDH</th>
<th>Chem</th>
<th>Immune status</th>
<th>Serologies*</th>
<th>Urine tests</th>
<th>CXR +/- abdo US</th>
<th>ECG &amp; ECHO§</th>
<th>LH, FSH, Test, Est</th>
<th>Neurocognitive assessment</th>
<th>Distress screening tool</th>
<th>Other</th>
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</tbody>
</table>

#### Notes
- Consider alt visits with GP
- Lytes, Cr, urea, LFTs, gluc, lipids
- IgG, IgA, IgM, T&B cell panel
- Measles, mumps, rubella, hepatitis B, diphtheria, tetanus, poliovirus
- U/A, urine Prot:C r & Alb:Cr ratio
- Based on site of involmt. (Continue Q6mo to 3y for DLBCL)
- *Insert added frequency* based on cardiac guidelines (see over)
- Baseline age 13y if CED $<$ 4 g/m$^2$.
- Baseline age 11y & rpt Q1y if CED $\geq$ 4
- For patients treated at age $<$ 3y only. First assessment prior to school entry. Repeat at school transitions if ongoing concerns
- Start age 13y

#### Further Surveillance
- **Semen Analysis**: From age 18y in males
- **Anti-Mullerian Hormone**: From age 16y in females if CED $\geq$ 6
### Cardiac Surveillance Guidelines (BC)

<table>
<thead>
<tr>
<th>Anthracycline Dose*</th>
<th>Radiation Dose**</th>
<th>Recommended Frequency of Echo</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>&lt; 15 Gy or none</td>
<td>No Screening</td>
</tr>
<tr>
<td></td>
<td>15 - &lt; 35 Gy</td>
<td>Every 5 years</td>
</tr>
<tr>
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<td>35 Gy</td>
<td>Every 2 years</td>
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<tr>
<td>&lt; 250 mg/m²</td>
<td>&lt; 15 Gy or none</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>15 Gy</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>250 mg/m²</td>
<td>Any or none</td>
<td>Every 2 years</td>
</tr>
</tbody>
</table>

*Based on total doses of doxorubicin or the equivalent doses of other anthracyclines

**Based on radiation dose with potential impact to heart (radiation to chest, abdomen, spine [thoracic, whole], total body [TBI])

COG LTFU Guidelines version 5.0 (Oct 2018)

### Anthracycline Equivalent Dose

<table>
<thead>
<tr>
<th>Agent</th>
<th>Correction factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxorubicin</td>
<td>1.0</td>
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<tr>
<td>Daunorubicin</td>
<td>1.0</td>
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<tr>
<td>Epirubicin</td>
<td>0.67</td>
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<tr>
<td>Mitoxantrone</td>
<td>4.0</td>
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<tr>
<td>Idarubicin</td>
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</table>

Chow J Clin Oncol 2015;33(5);394-402

### Risk of Prolonged Oligospermia or Azoospermia

<table>
<thead>
<tr>
<th>Agent</th>
<th>Possible Risk</th>
<th>High Risk</th>
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<tbody>
<tr>
<td>Cyclophosphamide</td>
<td>&gt; 4g/m²</td>
<td>&gt; 7.5 g/m²</td>
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<tr>
<td>Busulphan</td>
<td>&gt; 600 mg/m²</td>
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<tr>
<td>Melphalan</td>
<td>&gt; 140 mg/m²</td>
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<tr>
<td>Ifosfamide</td>
<td>&gt; 42 g/m²</td>
<td>&gt; 60 g/m²</td>
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<tr>
<td>Procarbazine</td>
<td>&gt; 3 g/m²</td>
<td>&gt; 4 g/m²</td>
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<tr>
<td>Chlorambucil</td>
<td>&gt; 1.4 g/m²</td>
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<tr>
<td>BCNU</td>
<td>&gt; 300 mg/m²</td>
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<tr>
<td>CCNU</td>
<td>&gt; 300 mg/m²</td>
<td>&gt; 1 g/m²</td>
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<tr>
<td>Cisplatin</td>
<td>&gt; 300 mg/m²</td>
<td>&gt; 500 mg/m²</td>
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<tr>
<td>Testicular RT dose</td>
<td>&gt; 200 cGy</td>
<td>&gt; 1200 cGy</td>
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</tbody>
</table>

*Lower doses are still possible risk

3. Wyns Human Reprod Update 2010;16(3):312-328

### Risk of Premature Ovarian Insufficiency or Infertility

<table>
<thead>
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<th>Agent</th>
<th>Possible Risk</th>
<th>High Risk</th>
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<tr>
<td>CED</td>
<td>&gt; 4 g/m²</td>
<td>&gt; 8 g/m²</td>
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<tr>
<td>Procarbazine</td>
<td>&gt; 2 g/m²</td>
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<td>Cisplatin</td>
<td>&gt; 300 mg/m²</td>
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<tr>
<td>Bevacizumab</td>
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<tr>
<td>Ovarian RT dose*</td>
<td>&gt; 100 cGy</td>
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*Age dependent (see nomogram²)

^May be acute and transient only


### Cyclophosphamide Equivalent Dose (CED)

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<td>Busulphan</td>
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June 2019 v3