Survivorship – Kidney Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

NEL = no evidence of disease

1 Von Hippel-Lindau disease (VHL) is a hereditary condition associated with tumors arising in multiple organs

2Category 1: Pathologic T1a, T1b (tumor less than or equal to 7 cm) limited to kidney; transition to survivorship at 3 years after completion of treatment and NED

3Category 2: Pathologic T2 – T4; transition to survivorship at 5 years after completion of treatment and NED

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**ELIGIBILITY**

Kidney cancer after completion of treatment and NED (Patients with suspected or confirmed Von Hippel-Lindau disease are excluded from this algorithm)

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**CONCURRENT COMPONENTS OF VISIT**

- **Category 1**: Years 3-10:
  - Physical exam with each visit
  - BUN, creatinine, alkaline phosphatase, CBC, ALT, AST, LDH, total bilirubin annually
  - Chest x-ray annually
  - CT or MRI of abdomen every 2-3 years
  - CT chest as clinically indicated

- **Category 2**: Years 11 and beyond:
  - Physical exam with each visit annually
  - BUN, creatinine, alkaline phosphatase, CBC, ALT, AST, LDH, total bilirubin annually
  - Imaging as clinically indicated

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**SURVEILLANCE**

- **Years 3-10**:
  - Physical exam with each visit
  - BUN, creatinine, alkaline phosphatase, CBC, ALT, AST, LDH, total bilirubin annually
  - Chest x-ray annually
  - CT or MRI of abdomen every 2-3 years
  - CT chest as clinically indicated

- **Years 11 and beyond**:
  - Physical exam with each visit annually
  - BUN, creatinine, alkaline phosphatase, CBC, ALT, AST, LDH, total bilirubin annually
  - Imaging as clinically indicated

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**MONITORING FOR LATE EFFECTS**

- **Years 5-10**:
  - Physical exam with each visit
  - BUN, creatinine, alkaline phosphatase, ALT, AST, LDH, CBC, total bilirubin with each visit
  - Chest x-ray annually with each visit
  - CT or MRI of abdomen every 2 years
  - CT chest every 2 years

- **Years 11-15**:
  - Physical exam with each visit annually
  - BUN, creatinine, alkaline phosphatase, CBC, ALT, AST, LDH, total bilirubin annually
  - CT chest every 3 years or as clinically indicated
  - CT or MRI of the abdomen every 3 years or as clinically indicated

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**RISK REDUCTION/EARLY DETECTION**

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**PSYCHOSOCIAL FUNCTIONING**

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**DISPOSITION**

Return to primary treating physician

Yes

New primary or recurrent disease?

No

Continue survivorship visits

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### ELIGIBILITY

Kidney cancer after completion of treatment and NED (Patients with suspected or confirmed Von Hippel-Lindau disease are excluded from this algorithm)

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### CONCURRENT COMPONENTS OF VISIT

- **MONITORING FOR LATE EFFECTS**
  - Assess for renal insufficiency

- **RISK REDUCTION/EARLY DETECTION**
  - Patient education, counseling, and screening:
    - Lifestyle risk assessment
    - Cancer screening
    - HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
    - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
    - Consider cardiovascular risk reduction
    - Vaccinations as appropriate

- **PSYCHOCO SOCIAL FUNCTIONING**
  - Assess for:
    - Distress management (see Distress Screening and Psychosocial Management Algorithm)
    - Body image
    - Financial stressors
    - Social support

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### DISPOSITION

- Refer or consult as indicated

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**NED = no evidence of disease**

1. Von Hippel-Lindau disease (VHL) is a hereditary condition associated with tumors arising in multiple organs

2. See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

3. Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

4. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

5. Based on Centers for Disease Control and Prevention (CDC) guidelines


DEVELOPMENT CREDITS

This survivorship algorithm is based majority expert opinion of the Genitourinary Survivorship workgroup at The University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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