Survivorship – Kidney Cancer

ELIGIBILITY

Kidney cancer after completion of treatment and NED (Patients with suspected or confirmed Von Hippel-Lindau disease[1] are excluded)

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Low Risk[2] and Intermediate Risk[3]

Follow-up visit at 48[4] months and another at 60 months:
- History & physical exam
- BUN, creatinine, alkaline phosphatase, CBC with differential, ALT, AST, LDH, and total bilirubin
- Chest x-ray
- CT or MRI abdomen with contrast or ultrasound abdomen every 2-3 years

Follow-up visit between 72–84 months and another between 96–120 months:
- History & physical exam
- BUN, creatinine, alkaline phosphatase, CBC with differential, ALT, AST, LDH, and total bilirubin
- Chest x-ray
- CT or MRI abdomen with contrast or ultrasound abdomen every 2-3 years

High Risk[5] and Very High Risk[6]

Follow-up visit at 84[7] months and another between 96–120 months:
- History & physical exam
- BUN, creatinine, alkaline phosphatase, CBC with differential, ALT, AST, LDH, and total bilirubin
- CT chest with contrast (chest x-ray may be utilized instead)
- CT or MRI of abdomen with contrast or ultrasound abdomen every 2 years

MONITORING FOR LATE EFFECTS

RISK REDUCTION/ EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

See Page 2

DISPOSITION

New primary or recurrent disease?

Yes → Return to primary treating physician

No → Continue survivorship monitoring

[1] Von Hippel-Lindau disease (VHL) is a hereditary condition associated with tumors arising in multiple organs
[2] Low Risk (LR): pT1 and Grade 1/2
[3] Intermediate Risk (IR): pT1 and Grade 3/4 or pT2 any Grade
[4] Primary urology team will order the needed tests for the initial survivorship visit (at 48 months) at the 24 months visit with primary for LR and at the 36 months visit for IR
[5] High Risk (HR): pT3 any Grade
[6] Very High Risk (VHR): pT4 or pN1, or sarcomatoid/rhabdoid dedifferentiation or macroscopic positive margin
[7] Primary urology team will order the needed tests for the initial survivorship visit (at 84 months) at the 60 months visit with primary for HR and VHR

NED = no evidence of disease

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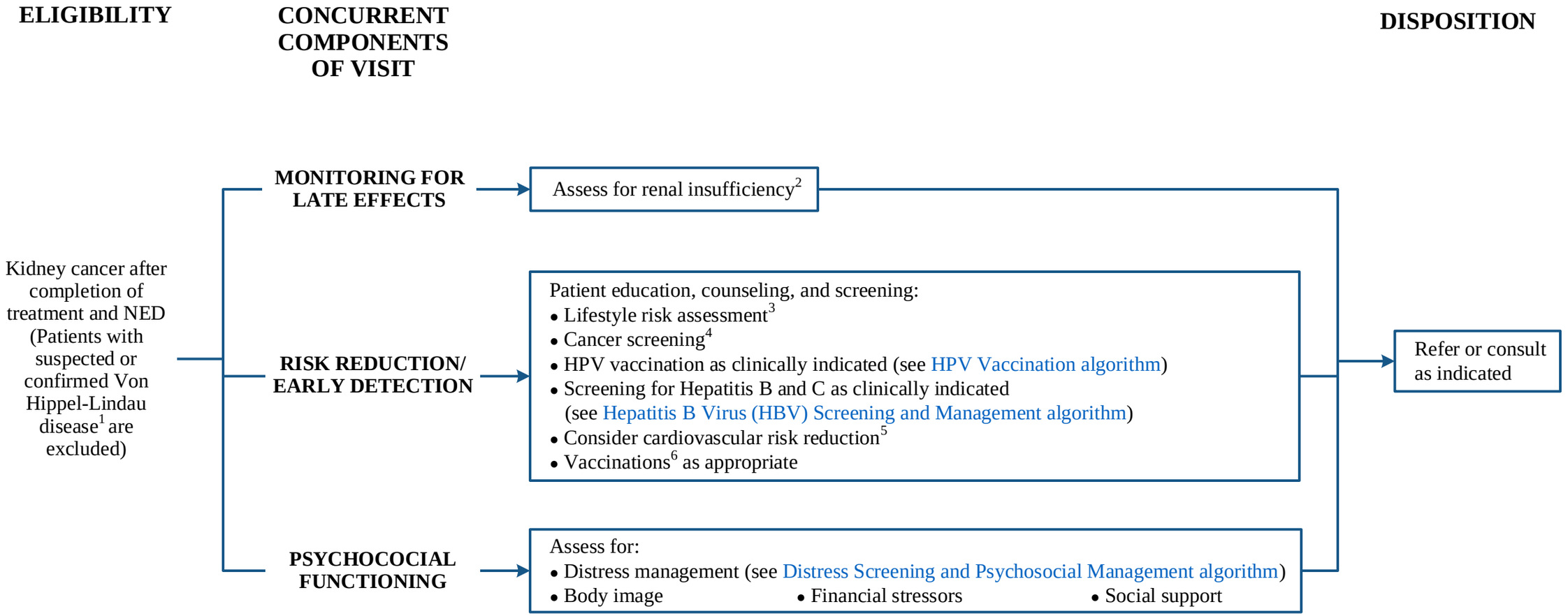

[1] Von Hippel-Lindau disease (VHL) is a hereditary condition associated with tumors arising in multiple organs
[2] Consider nephrology referral or consult for eGFR < 60 mL/min/1.73m^2 or abnormal urine analysis result
[3] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[4] Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[5] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[6] Based on Centers for Disease Control and Prevention (CDC) guidelines

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DEVELOPMENT CREDITS

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