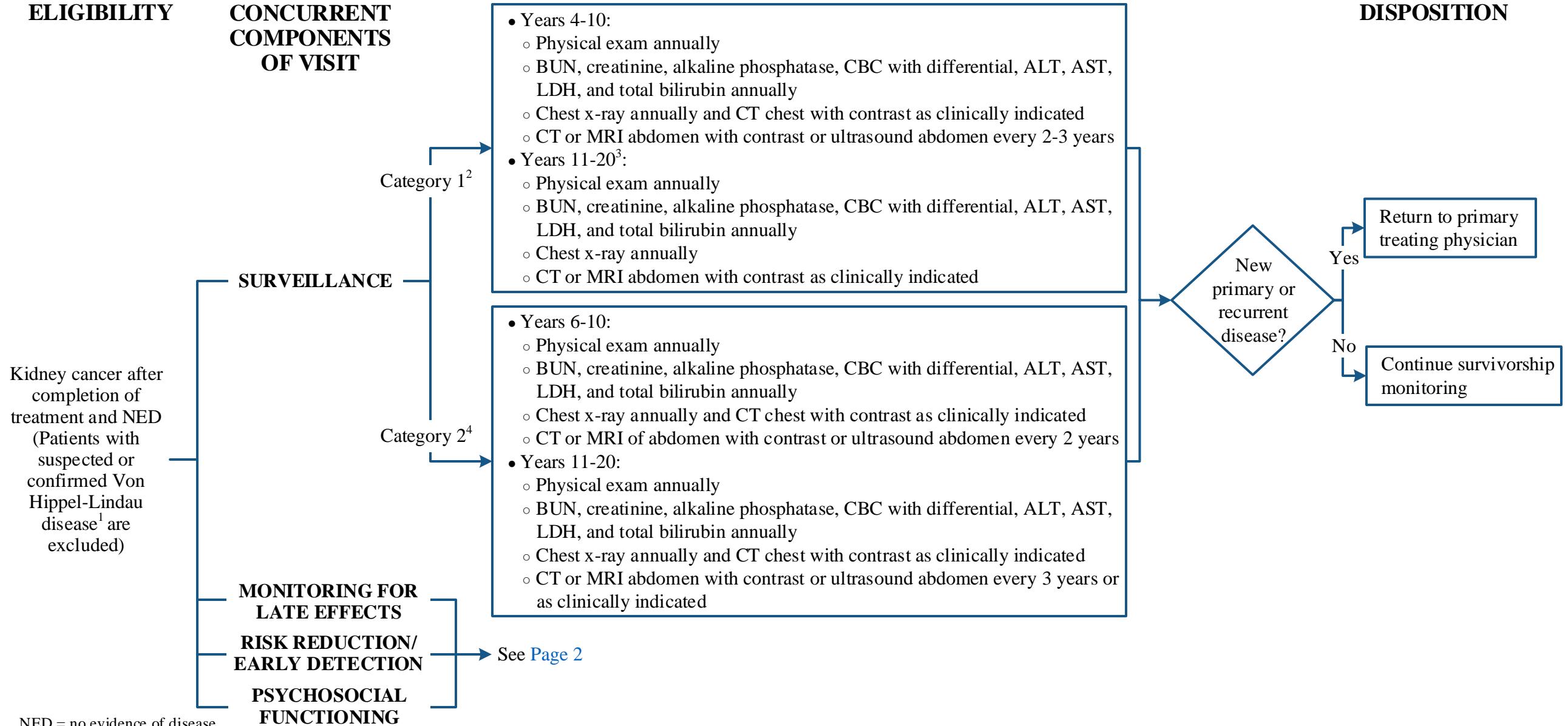


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NED = no evidence of disease

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

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

<sup>3</sup> Can be ordered and monitored by primary care provider

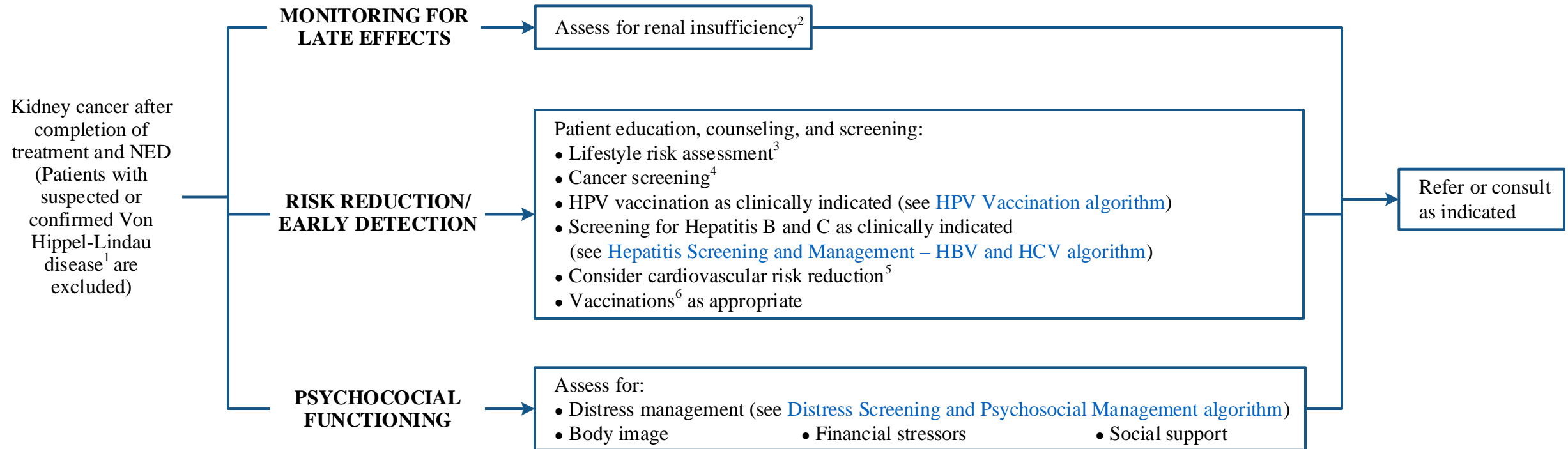
<sup>4</sup> Category 2: Pathologic T2 – T4; transition to survivorship 5 years after completion of treatment and NED

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## ELIGIBILITY

## CONCURRENT COMPONENTS OF VISIT

## DISPOSITION



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

<sup>2</sup> Consider nephrology referral or consult for eGFR < 60 mL/min/1.73m<sup>2</sup> or abnormal urine analysis result

<sup>3</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>4</sup> Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer](#) screening

<sup>5</sup> Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

<sup>6</sup> Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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## 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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