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.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

See Page 2

NED = no evidence of disease

1Von 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 3 years after completion of treatment and NED

3Can be ordered and monitored by primary care provider

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

Department of Clinical Effectiveness V7

Approved by the Executive Committee of the Medical Staff on 03/24/2020

Kidney cancer after completion of treatment and NED (Patients with suspected or confirmed Von Hippel-Lindau disease are excluded)
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**Concurrent Components of Visit**

- 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

- Assess for renal insufficiency

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**Psychosocial Functioning**

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Body image
  - Financial stressors
  - Social support

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**Risk Reduction/Early Detection**

- Refer or consult as indicated

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**Monitoring for Late Effects**

**Eligibility**

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

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**Disposition**

- Refer or consult as indicated

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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/1.73m² or abnormal urine analysis result
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

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SUGGESTED READINGS


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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:

Katherine Gilmore (Cancer Survivorship)
William Graber, MD (Urology)
Eric Jonasch, MD (Genitourinary Medical Oncology)
Jose A. Karam, MD (Urology)
Thoa Kazantsev, BSN, RN, OCN
Deborah A. Kuban, MD (Radiation Oncology Department)
Surena Matin, MD (Urology)
William E. Osai, RN, APN, FNP (Genitourinary Medical Oncology)
Christopher Wood, MD (Urology)

*Clinical Effectiveness Development Team