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

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

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

SURVEILLANCE

- 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

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

New primary or recurrent disease?

Yes

Return to primary treating physician

No

Continue survivorship visits

See Page 2

NED = no evidence of disease

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

2 Category 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

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

Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 04/24/2018
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ELIGIBILITY

Kidney cancer after completion of treatment and NED (Patients with suspected or confirmed Von Hippel-Lindau disease¹ are excluded from this algorithm)

CONCURRENT COMPONENTS OF VISIT

MONITORING FOR LATE EFFECTS

Assess for renal insufficiency

Patient education, counseling, and screening:
- Lifestyle risk assessment²
- Cancer screening³
- 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 reduction⁴
- Vaccinations⁵ as appropriate

RISK REDUCTION/EARLY DETECTION

PSYCHOCOCIAL FUNCTIONING

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

DISPOSITION

Refer or consult as indicated

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
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SUGGESTED READINGS


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:

- William Graber, MD (Urology)
- Shonice Holdman, MBA*
- Eric Jonasch, MD (Genitourinary Medical Oncology)
- Jose A. Karam, MD (Urology)
- Jeri Kim, MD (Genitourinary Medical Oncology)
- Deborah A. Kuban, MD (Radiation Oncology Department)
- Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
- Surena Matin, MD (Urology)
- William E. Osai, RN, APN, FNP (Radiation Oncology Department)
- Jennifer Tinkler, BSN, RN, OCN*
- Christopher Wood, MD (Urology)

* Clinical Effectiveness Development Team