Survivorship – Kidney Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

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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 SURVIVORSHIP VISIT**

- **Years 3-10:**
  - Physical exam with each visit
  - BUN, Creatinine, Alkaline Phosphatase, CBC, ALT, AST, LDH, Total bilirubin annually
  - Chest X-ray annually
  - CT/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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**SURVEILLANCE**

- **Years 5-10:**
  - Physical exam with each visit
  - Laboratory: BUN, creatinine, alkaline phosphatase, ALT, AST, LDH, CBC, Total bilirubin with each visit
  - Chest X-ray annually/each visit
  - CT/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/MRI of the abdomen every 3 years or as clinically indicated

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**MONITORING FOR LATE EFFECTS**

See Page 2

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**RISK REDUCTION/EARLY DETECTION**

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**PSYCHOCOCCIAL FUNCTIONING**

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**DISPOSITION**

New primary or recurrent disease?

- Yes: Return to primary treating physician
- No: Continue survivorship visits

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1 NED = No Evidence of Disease
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

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Department of Clinical Effectiveness V5
Approved by the Executive Committee of the Medical Staff 05/31/2016
Kidney Cancer after completion of treatment and NED\(^1\)

(Patients with suspected or confirmed Von Hippel-Lindau disease or ablative therapy as primary treatment are excluded from this algorithm)

**ELIGIBILITY**

- CONCURRENT COMPONENTS OF SURVIVORSHIP VISIT

**MONITORING FOR LATE EFFECTS**

- Patient education/counseling/screening:
  - Colorectal cancer screening (See Colorectal Cancer Screening Algorithm)
  - Prostate cancer screening for men\(^2\)
  - Breast cancer screening for women (See Breast Cancer Screening Algorithm)
  - Cervical cancer screening for women (See Gynecologic Cancer Screening Algorithm)
  - Diet/weight management
  - Exercise/activity
  - Tobacco cessation
  - Sun exposure/skin cancer screening if indicated

- Assess for:
  - Distress
  - Financial stressors
  - Body image
  - Social support

**RISK REDUCTION/EARLY DETECTION**

**PSYCHOCOCIAL FUNCTIONING**

- Referral or consult as indicated

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\(^1\) NED = No Evidence of Disease

\(^2\) Beginning at age 50 (45 for family history and/or African American) until age 75.
SUGGESTED READINGS


Survivorship – Kidney Cancer

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DEVELOPMENT CREDITS

This practice algorithm is based on literature review conducted by the Genitourinary Survivorship Committee, and majority expert opinion of the Genitourinary Center Faculty at The University of Texas MD Anderson Cancer Center. Core committee team members include:

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