THE UROLOGY GROUP

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KIDNEY CANCER SURVEILLANCE PROTOCOL

After surgery, patients need to be followed closely to monitor for potential recurrent disease. Kidney cancer may recur in 20-30% of patients. The lung is the most common place for kidney cancer to spread and is seen in 50-60% of patients who have recurrent kidney cancer. The average time for kidney cancer to come back is one to two years. Most cancer comes back within three years.

Below is our protocol for follow up or surveillance of kidney cancer based on the American Urological Association Guideline.

History and **physical exam**: At each visit.

Blood work: Blood Urea Nitrogen (BUN) and creatinine with estimated Glomerular Filtration Rate (eGFR).

As needed: Complete Blood Count (CBC), Lactate Dehydrogenase (LDH), Liver Function Tests (LFTs), Alkaline Phosphatase (ALP) and calcium.

Nephrology consult if kidney function worsens.

Abdominal scan: Baseline abdominal scan (CT or MRI) 3–12 months after surgery.
If the first scan is normal, abdominal scan (ultrasound, CT or MRI) may be done every year for at least three years based on risk factors.

If high risk: Baseline abdominal scan (CT or MRI) 3-6 months after surgery.
Then abdominal imaging (ultrasound, CT or MRI) every 6 months for at least three years.
Then abdominal imaging (ultrasound, CT or MRI) every 12 months to year five.

Chest imaging: Chest x-ray every year for three years then as clinically indicated.

If high risk: Baseline chest CT 3-6 months after surgery.
Then chest x-ray or chest CT every 6 months for at least three years.
Then chest x-ray or chest CT every 12 months to year five.

Neurologic imaging: If neurologic symptoms.

Bone scan: If elevated Alkaline Phosphatase (ALP), bone pain, bone findings on imaging.

References
1. Eggener SE, Yossepowitch O, Pettus JA, et al. Renal cell carcinoma recurrence after nephrectomy for localized disease: predicting survivival from time of recurrence. J Clin Oncol 2006; 24: 3101-6.
2. Donat SM, Diaz M, Bishoff JT, et al. Follow-up for clinically localized renal neoplasms: AUA guideline. American Urological Association Education and Research, Inc. 2013. www.auanet.org/education/guidelines/renal-cancer-follow-up.cfm