

THE UROLOGY GROUP

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KIDNEY CANCER FOLLOW UP PLAN

After surgery, patients need to be followed closely to check if the cancer could have come back. Kidney cancer can come back in 20-30% of people. The most common place for kidney cancer to spread is the lung; this is seen in 50-60% of people in whom the cancer returns. The average time for kidney cancer to come back is one to two years. If cancer is going to return, most comes back within three years.

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

History and physical exam: At each visit.

Urine test: Urinalysis at each visit.

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

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.

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References

1. Eggener SE, Yossepowitch O, Pettus JA, et al. Renal cell carcinoma recurrence after nephrectomy for localized disease: predicting survival 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