

Attachment #2

Overview of Follow-up

Provided below is a general overview of follow-up and this may vary based on specific patient or cancer characteristics. Of note,

- Labs and imaging can be performed closer to home or with a primary care doctor.
- All tests should be sent to Dr. Pierorazio (or his office) by email, fax or mail.
- Dr. Pierorazio would like to see or speak to all patients one month following surgery to confirm recovery and wound healing.

Contents

- Bladder cancer after radical cystectomy (Page 1)
- Kidney cancer after radical or partial nephrectomy (Page 2)
- Prostate cancer after radical prostatectomy (Page 3)
- Testicular cancer after orchiectomy or RPLND (Page 3)
- Upper tract urothelial cancer after nephroureterectomy (Page 4)

BLADDER CANCER AFTER RADICAL CYSTECTOMY

3 weeks after surgery

- Urinary conduit: exam by enterostomal nurse
- Neobladder or Indiana Pouch
 - catheter removed, learn self-catheterization
 - if suprapubic catheter present, will be removed when comfortable with self-catheterization
 - referral to physical therapy (if neobladder or needed)

After the first year, patients receiving **neoadjuvant** chemotherapy are recommended to undergo oncologic follow-up with their medical oncologist and see Dr. Pierorazio annually or sooner if issues.

Low-Risk Bladder Cancer: Stage 0, Tis, or 1

Time After Surgery	6 months	12 months	24 months	Annually
CT scan Abdomen & Pelvis	x	X	x	X
Chest X-ray	x	X	x	X
Blood Test (CBC, CMP, Folate, B12)	x	X	x	X

High-Risk Bladder Cancer: Stage 2 or greater*

Time After Surgery	4-6 months	12 months	18 months	24 months	30 months
Ct scan	X	X	X		X
X-ray	X	X	X	X	X
Blood tests (CBC, CMP, Folate, B12)	X	X	X	X	X
Renal Ultrasound				X	

CBC: complete blood count, CMP: complete metabolic panel

*This schedule may be modified on an individual basis or based on the medical oncologist's recommendations

KIDNEY CANCER AFTER PARTIAL OR RADICAL NEPHRECTOMY

Risk is determined by the Stage (extent) of disease. In some circumstances, Grade (aggressiveness under the microscope) will modify risk. For example, any Grade IV tumor is high-risk.

Low-Risk Kidney Cancer: Stage I (Cancer confined to the kidney, less than 7cm)

Time After Surgery	1 month	6 months	12 months	2 years	Annually
Blood and Urine Tests (Kidney Function, Electrolytes, Urinalysis)	X	X	X	X	X
CT scan (Abdomen and Pelvis)		X	X	X	
Chest X-ray			X	X	Optional
Renal Ultrasound					X

Intermediate-Risk Kidney Cancer: Stage II (Cancer confined to the kidney, greater than 7cm)

Time After Surgery	1 month	6 months	12 months	2 years	3 years	Annually
Blood and Urine Tests (Kidney Function, Electrolytes, Urinalysis)	X	X	X	X	X	X
CT scan (Abdomen and Pelvis)		X	X	X	X	
Chest X-ray			X	X	X	Optional
Renal Ultrasound						X

High-Risk Kidney Cancer: Stage III or Higher (Cancer outside of the kidney), or Grade IV at any stage

Time After Surgery	1 month	Every 2-6 months*	12 months	18 months	24 months	Annually
Blood and Urine Tests (Kidney Function, Electrolytes, Urinalysis)	X	X	X	X	X	X
CT scan (abdomen and pelvis)		X	X	X	X	X (Until 5 years)
Chest X-ray (or Chest CT)*		X	X		X	X (Until 5 years)
Renal Ultrasound						X (After 5 years)

*Frequency of recommended imaging is determined by patient characteristics and tumor pathology report.

PROSTATE CANCER

1 month after surgery for post-operative appointment

After Radical Prostatectomy: Low Risk (Gleason 6, PSA <10, pT2)

Time after surgery	Year 1	After 1 year
PSA	At 6 and 12 months	Annually

After Radical Prostatectomy: Intermediate Risk (Gleason 7, PSA 10-20, pT3a)

Time after surgery	Year 1	Year 2-3	After 3 years
PSA	Every 3 months	Every 6 months	Annually

After Radical prostatectomy: High Risk (Gleason 8-10, PSA >20, pT3b, N1 or positive surgical margins)

Pending the pathology results, we will consider referrals to Medical and Radiation oncology as appropriate

Time after surgery	Year 1-2	After 2 years
PSA	Every 3 months	Annually

TESTICULAR CANCER

SEMINOMA

Active Surveillance after Orchiectomy: Stage I (A or B) Seminoma

Time after surgery	Year 1	Year 2	Years 3-5	After 5 Years	After 10 Years
Testicular Self-Exam	Monthly				
Blood work (AFP, HCG, LDH)	Every 3 months	Every 6 months	Every 6 months	Every year	Every 1-2 years
CT scan (abdomen +/- pelvis)*	Every 6 months (Option at 3 months)	Every 6 months	Every 12 months	Every 1-2 years	At patient discretion
Chest X-ray	Optional on annual basis				
Hormone Evaluation	Annually				

NON-SEMINOMATOUS GERM CELL TUMORS (NSGCT)

Active Surveillance after Orchiectomy Stage I (A or B) Non-seminomatous germ cell (NSGCT)

Time after surgery	Year 1	Years 2	Year 3	Years 4-5	After 5 Years	After 10 Years
Testicular Self-Exam	Monthly					
Blood work (AFP, HCG, LDH)	Every 3 months		Every 6 months		Every year	Every 1-2 years
CT scan (abdomen +/- pelvis)*	IA: Every 6 months (Option at 3 months) IB: Every 3 months	Every 6 months		Once per year	Every 1-2 years	At patient discretion
Chest X-ray (Consider CT Chest once per year)	At 6 and 12 months (1A); Every 3 months (1B)	Every 6 months		Every 6-12 months	Every 1-2 years	At patient discretion

Hormone Evaluation	Annually
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* Abdominal MRI can replace Abdominal CT on an alternating basis, but MRI must be done at Johns Hopkins.

After chemotherapy and/or radiation therapy: recommend follow-up per NCCN Guidelines.

After Primary RPLND: No active cancer, no adjuvant chemotherapy

If active cancer, the follow-up regimen will be determined after consideration of chemotherapy.

Time after surgery	Years 1-2	Years 3-5	After 5 Years	After 10 Years
Testicular Self-Exam	Monthly			
Blood work (AFP, HCG, LDH)	Every 3-4 months	Every 6 months	Annually	Every 1-2 years
CT scan (abdomen and pelvis)	At 3-4, 12 and 24 months	At patient discretion	At patient discretion	
Chest X-ray		Annually		
Hormone Evaluation	Annually			

After Post-chemotherapy RPLND: No active cancer or teratoma only

If active cancer, the follow-up regimen will be determined after consideration of chemotherapy.

Time after surgery	Years 1-2	Years 2-5	After 5 Years	After 10 Years
Testicular Self-Exam	Monthly			
Blood work (AFP, HCG, LDH)	Every 3-4 months	Every 6 months	Annually	Every 1-2 Years
CT scan (abdomen and pelvis)	At 3-4, 12 and 24 months	At patient discretion	At patient discretion	
Chest X-ray		Annually		
Hormone Evaluation	Annually			

For patients receiving chemotherapy with a complete response: follow-up is recommended to follow the NCCN Guidelines.

UPPER TRACT UROTHELIAL CANCER (CANCER OF THE RENAL PELVIS OR URETER) AFTER NEPHROURETERECTOMY or URETERECTOMY

After the first year, patients receiving chemotherapy are recommended to undergo oncologic follow-up (imaging) with their medical oncologist.

Low-Risk Urothelial Carcinoma: Low-Grade, Non-Invasive (Stage 0 or 1)

Time After Surgery	Year 1	Year 2-3	Year 4-5	After 5 Years
Blood and Urine Tests (Kidney Function, Electrolytes, Urinalysis)	At 1, 6 and 12 months	Annually		
CT scan (abdomen and pelvis)	At 6 and 12 months	Annually		At patient discretion

Chest X-ray	At 6 and 12 months	Annually	At patient discretion	
Cystoscopy	Every 3-4 months	Every 6 months	Annually	Every 1-2 years

High-Risk Urothelial Carcinoma: High-Grade or Invasive (Stage 2 or greater) or Positive Lymph Nodes with or without chemotherapy

Time After Surgery	Year 1	Year 2-3	Year 3-5	After 5 Years	After 10 Years
Blood and Urine Tests (Kidney Function, Electrolytes, Urinalysis)	At 1, 6 and 12 months	Every 6 months	Annually		
CT scan (abdomen and pelvis)	Every 3-4 months	Every 6 months	Annually		At patient discretion
Chest X-ray (or Chest CT)	Every 6 months	Every 6 months	Annually		At patient discretion
Cystoscopy	Every 3-4 months	Every 6 months	Annually	Every 1-2 years	At patient discretion