



XVII. Follow-up schedule for nonseminoma after treatment for metastatic or recurrent disease

Name: _____ Civic registration number: _____
 Orchiectomy, date: _____ Side: right / left LVI: yes/no
 Teratoma: in testis in metastases Date definitive staging: _____
 Stage/prognostic group: _____ Date end of treatment: _____

This is a MINIMUM follow-up schedule
FOLLOW-UP EVERY 2 MONTHS FOR INTERMEDIATE AND POOR PROGNOSIS PATIENTS YEAR 1
Other examinations depending on primary metastatic locations, and/or any residual tumours

- Control type **B**: Patient contact, AFP, β -hCG, LDH, S-creatinine, **MRI of the retroperitoneum/** (abdominopelvic CT acceptable in patients older than 55 years) and pulmonary X-ray.
- Control type **C**: Like B with addition of clinical examination, testosterone, SHBG, LH, FSH, and low dose CT thorax instead of pulmonary X-ray
- Control type **TM**: Tumour markers, AFP, β -hCG and LDH. (List the patient for a telephone appointment)

Scrotal ultrasound when clinically indicated. Metabolic screening (lipids, fasting glucose, HbA1c), and blood pressure at 1-year and at last visit. Inform Swedish patients at 1-, 5- and 10- year visit that a quality-of-life questionnaire will be sent out from RCC Syd, Sweden.

Months from end of latest treatment:

	TM	B	TM	C	
0	3	6	9	12	Follow-up year 1
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	TM	B	TM	B	
12	15	18	21	24	Follow-up year 2
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		TM		C	
24		30		36	Follow-up year 3
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		TM		B	
36		42		48	Follow-up year 4
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		TM		C	
48		54		60	Follow-up year 5

Patients in intermediate or poor prognosis group, all with residual tumors, all with teratoma in testis without RPLND, and all with teratoma in residual tumor resections:

Year 7 from end of treatment: Control type B

Year 10 from end of treatment: Control type C

For patients with multiple teratoma recurrences or inoperable residual tumours, lifelong follow-up may be indicated

Patient care plan to be given to the patient at termination of follow-up