



XVI. Follow-up schedule for nonseminoma stage I, adjuvant BEP

Name: _____ Civic registration number: _____
 Orchiectomy, date: _____ Side: right / left LVI: yes/no
 Date definitive staging: _____ Date end treatment _____
 Recurrence date: _____ fill out new form and switch FU

Control type **B**: Patient contact, AFP, β -hCG, LDH, S-creatinine, **MRI of the retroperitoneum/** (abdominopelvic CT).

Control type **C**: Like B with addition of clinical examination, testosterone, SHBG, LH, FSH.

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- and 5-year visit. Inform Swedish patients at 1- and 5-year visit that a quality of life questionnaire will be sent out from RCC Syd, Sweden.

Months from end of treatment:

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

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