



XIV. Follow-up schedule for seminoma

Name: _____ Civic registration number: _____
 Orchiectomy, date: _____ Side: right / left Tumor size _____
 Growth in rete testis: yes/no Date definitive staging: _____
 Stage/prognostic group: _____ Date end of treatment: _____

This is a MINIMUM follow-up schedule.
FOLLOW-UP EVERY 3 MONTHS FOR INTERMEDIATE PROGNOSIS PATIENTS, AND PATIENTS WITH RESIDUAL TUMORS 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, (PLAP optional), **MRI of the retroperitoneum/** (abdominopelvic CT).
 Control type **C**: Like B with addition of clinical examination, testosterone, SHBG, LH, FSH. Chest X-ray for patients with primary metastatic disease.
 Control type **TM**: Tumour markers, AFP, β -hCG and LDH, (PLAP optional). (*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 final 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:

	(S)¹	B	C	
0	3	6	12	Follow-up year 1
12		18	24	Follow-up year 2
24		30	36	Follow-up year 3
36		42	48	Follow-up year 4
48			60	Follow-up year 5

¹Patients with CS IIA/B treated with surgery: Additional imaging at three months

Patients in CS I treated with RT: only abdominal imaging at the 2- and 5-year check-up.

Patients treated with carboplatin (CS I), and/or CS II-IV with residual tumours:

Year 7 from end of treatment: Check-up type B

Year 10 from end of treatment: Check-up type C

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