



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) and pulmonary X-ray
 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-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
	TM	B	TM	B	
12	15	18	21	24	Follow-up year 2
		TM		C	
24		30		36	Follow-up year 3
		TM		B	
36		42		48	Follow-up year 4
		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