

Follow-up schedule for seminoma patients

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 tumors.

Control type **Tm**: Tumor markers, AFP, β -HCG and LDH, (PLAP optional). *(List the patient for a telephone appointment)*
 Control type **B**: Clinical examination, AFP, β -HCG, LDH, S-creatinine, (PLAP optional), **MRI of the retroperitoneum**/(abdominopelvic CT).
 Control type **C**: Like B with addition of Testosterone, SHBG, LH, FSH. Chest X-ray for patients with primary metastatic disease.

Metabolic screening (lipids, fasting glucose, HbA1c), and blood pressure at 1-, 5- and 10-year visit.

Inform the Swedish patients at 1-, 5- and 10- year visit that a quality of life questionnaire will be sent out from RCC Syd, Sweden.

	B	C	
0	6	12	Check-ups year 1 <i>Months from end of treatment</i>
12	18	24	Check-ups year 2 <i>Months from end of treatment</i>
24	30	36	Check-ups year 3 <i>Months from end of treatment</i>
36	42	48	Check-ups year 4 <i>Months from end of treatment</i>
48		60	Check-ups year 5 <i>Months from end of treatment</i>

Patients in CS I treated with RT: only checkups for six years, and only abdominal imaging at the 2 yr check-up.

Year 6 from end of treatment: Visit (clinical examination and Tm), radiology if residul tumours. Check-up type B if CS I.

Year 8 from end of treatment: Visit (clinical examination and Tm), radiology if residul tumours. Check-up type B if CS I.

Year 10 from end of treatment: Check-up type C. Patient care plan to be given to the patient (Sammanfattning av sjukdomsförlopp och behandling).

Ultrasound of contralateral testicle when clinically indicated.