GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Urology Clinical Pathway Board

Renal Cancer Follow-up

Risk profile	Surveillance						
	6 m	1 y	2 y	3 y	4 y	5 y	> 5 y
Low		CT		CT		CT	Discharge
Intermediate/High	CT	CT	CT	CT	CT	CT	CT once every 2 years to 10 Yrs

Partial nephrectomy is also followed up using the above protocol, irrespective of margin status. Each CT is thorax chest/abdo/pelvis with contrast (but can be just one contrast phase to minimise radiation exposure)

If GFR is poor or there is contrast allergy, MRI or non-contrast CT can be used, but still no clear role for ultrasound or CXR.

Upper tract TCC follow up

Risk profile	Surveillance							
	3 m	6 m	1 y	2 y	3 y	4 y	5y	> 5 y
Low grade	F		CT, F	CT, F	F	F	CT, F	Discharge if no recurrence
High grade	F	CT, F	CT, F	CT, F	CT, F	CT, F	CT, F	F once /year CT once every 2 years Consider D/C at 10 years if no recurrence

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CT is with delayed phase imaging (CT Urogram) and including CT thorax for high grade.

F: flexible cystoscopy

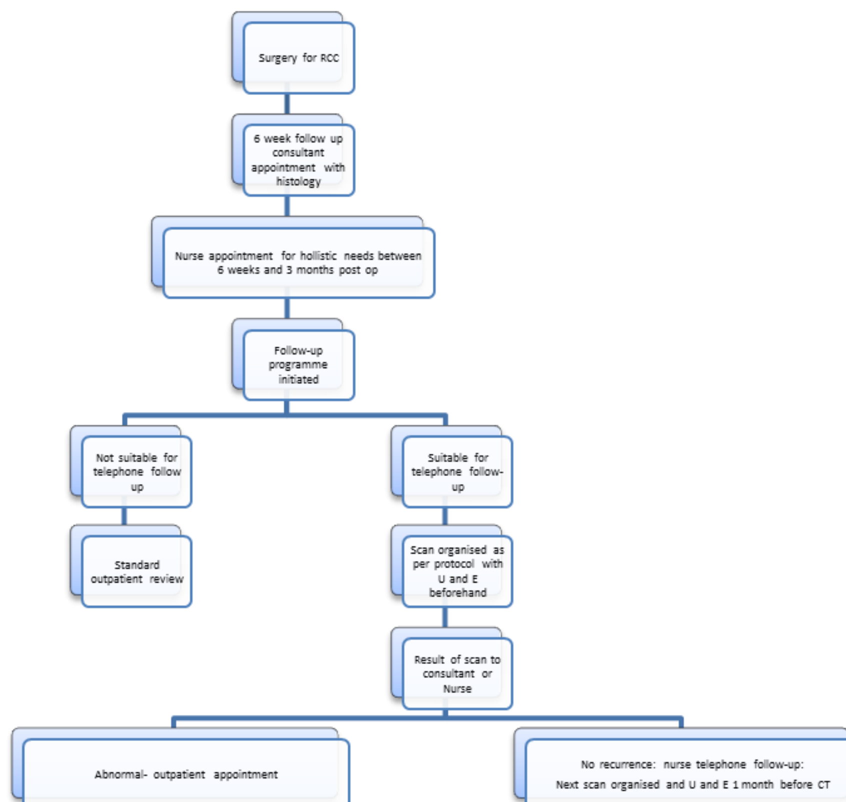
Visible haematuria should generate CT and cystoscopy unless recently performed.

Nurse telephone follow-up and pathway/SOP for renal cancer

See figure 1 below.

- First OPA for results at within 6 weeks post-surgery, which is done as early as possible when histology ready, in case patients are eligible for trials that are time specific for enrolment. A surveillance scan is arranged at that time. Holistic needs assessment done between 6 weeks and 3 months post treatment, which can be face-face or telephone appointment.
- If deemed suitable for telephone follow-up, then consultant to review scan result and book into nurse telephone clinic if appropriate; if recurrence/ other significant abnormality then urgent consultant OPA arranged.
- At telephone appointment; symptoms assessed, scan result given, check if blood pressure has been done (suggest at least yearly by GP or own monitor), organise U and E at GP/secondary care before next scan and request next scan.

Figure 1: SOP for renal cancer follow up



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