Tabellen zoals beschreven in de Europese EAU richtlijnen

Table 8.1: Recommended minimal follow-up for seminoma clinical stage I on active surveillance or after adjuvant treatment (carboplatin or radiotherapy)

Modality	Year 1	Year 2	Year 3	Years 4 & 5	After 5 years
Tumour markers ± doctor visit	2 times	2 times	2 times	Once	Further management according to survivorship care plan
Chest X-ray	-	-	-	-	
Abdominopelvic computed tomography (CT)/magnetic resonance imaging	2 times	2 times	Once at 36 months	Once at 60 months	

Table 8.2: Recommended minimal follow-up for non-seminoma clinical stage I on active surveillance

Modality	Year 1	Year 2	Year 3	Year 4 & 5	After 5 years
Tumour markers ± doctor visit	4 times*	4 times	2 times	1-2 times	Further management according to survivorship care plan
Chest X-ray	2 times	2 times	Once, in case of LVI+	At 60 months if LVI+	
Abdominopelvic computed tomography (CT)/magnetic resonance imaging	2 times	At 24 months**	Once at 36 months***	Once at 60 months***	

* *In case of high-risk (LVI+) a minority of the consensus group members recommended six times.*

** *In case of high-risk (LVI+) a majority of the consensus group members recommended an additional CT at eighteen months.*

*** *Recommended by 50% of the consensus group members.*

LVI+ = Lymphovascular invasion present

Table 8.3: Recommended minimal follow-up after adjuvant treatment or complete remission for advanced disease (excluded: poor-prognosis and no remission)

Modality	Year 1	Year 2	Year 3	Year 4 & 5	After 5 years
Tumour markers ± doctor visit	4 times	4 times	2 times	2 times	Further management according to survivorship care plan**
Chest X-ray	1-2 times	Once	Once	Once	
Abdominopelvic computed tomography (CT)/magnetic resonance imaging (MRI)	1-2 times	At 24 months	Once at 36 months	Once at 60 months	
Thorax CT	1-2 times*	At 24 months*	Once at 60 months*	Once at 60 months*	

* *In conjunction with abdominopelvic CT/MRI in case of pulmonary metastases at diagnosis.*

** *In case of teratoma in resected residual disease: the patient should remain with the uro-oncologist.*

Literatuur

EAU Guideline: https://uroweb.org/guidelines/testicular-cancer