Wilms Tumor Follow Up

History

General Health:

After abdominal and pelvic RT, check for:
- GI symptoms:
  - Abdominal pain and cramping, diarrhea/constipation, change in bowel habit, rectal bleeding
- Bladder symptoms:
  - Dysuria, hematuria, frequency and any bladder infections
- Women:
  - Menstrual cycle, menopausal symptoms, sexual function
- Men:
  - Sexual function
- Problems with fertility: unable to conceive
- Spinal symptoms:
  - Back pain, history of fractures

After chemotherapy, check for:
- Symptoms of cardiac dysfunction (Adriamycin exposure)
  - Shortness of breath on exertion
  - Orthopnoea
- Problems with fertility
- Symptoms of peripheral neuropathy (Vincristine exposure)
  - Numbness/pins & needles in hands and feet
  - Foot drop

Examination

Always Check:
- Blood pressure
- Weight & height (BMI)
- Chemotherapy related: Signs of:
  - Cardiac dysfunction/failure
  - Peripheral neuropathy
- Previous chest RT:
  - Examine neck to exclude thyroid nodules
  - Check for scoliosis of thoracic spine
  - Respiratory examination
  - Cardiac examination
  - In females check for palpable breast abnormalities

After chest RT, check for:
- Does the patient smoke? (tobacco or marijuana)
- Respiratory symptoms:
  - Cough, shortness of breath, chest pain
- Energy level (at risk for hypothyroidism)

Previous abdominal and pelvic RT:
- Check for scoliosis as spinal growth may have been affected by RT
- Abdominal and pelvic examination
- In previous right sided tumors check for signs of liver/veno-occlusive disease

DISCLAIMER: This document gives examples of the way in which patients previously treated for wilms tumor might be followed for educational purposes only. These examples are NOT guidelines for patient care.
Authors: D. Lawless, F. Howard & K. Goddard: www.pedsoncologyeducation.com
## Testing and Screening

### Previous chest RT:
- Ultrasound scan of the thyroid every 3 years to exclude carcinoma
- If survivor smokes, then increased risk of lung cancer in long term and intermittent chest X-ray and CT scanning appropriate (no firm guidelines about timing of these investigations).
- Early screening for breast cancer in women
- Pulmonary function tests to look for restrictive defect
- If Adriamycin was also given, increased risk of cardiac dysfunction - echocardiogram every 2 - 3 years

### General:
- Any adriamycin exposure - echocardiogram every 3 years or so
- Routine urinalysis (e.g. to rule out proteinuria)
- Bone density should be checked roughly 10 years before one would normally worry about osteoporosis

### Previous abdominal and pelvic RT:
- Screening for infertility (hypogonadism and early menopause in women)
- Screening for malabsorption may be important if there is a history of chronic diarrhea (this would be an unusual complication in WT as the RT doses are generally low)
- Ultrasound of the abdomen and pelvis every year or so may be helpful to exclude new masses and to exclude hydronephrosis affecting the remaining kidney

### Blood Work
- Routine blood work (CBC, lytes, creatinine, BUN & LFTs)
- Thyroid function tests (at least free T4 & TSH) if there was previous chest RT
- Fasting glucose and lipid profile to check for metabolic syndrome

### Early screening for colon cancer
- If any abdominal RT to the abdomen, pelvis or spine. Colonoscopy should be performed beginning at age 35 years or 10 years following RT (whichever occurs last).
- If the spleen was in or very close to RT fields patient may have splenic dysfunction or be asplenic and requires specific vaccines. **Medic Alert bracelet** important if patient has splenic dysfunction

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**General:**

- May need to have other specialist physicians involved in their follow up.
- Any long-term survivor of WT who has had intensive chemotherapy is at risk for early onset osteoporosis and should be seen in consultation by a specialist with expertise in this area when more than 10 years off therapy.
- Supportive care:
  - Family counseling, psychology, psychiatry

**Specialist Follow-up**

**Previous abdominal and pelvic RT:**

- Gastroenterologist for chronic diarrhea and malabsorption.
- Orthopedic/spinal service for management of scoliosis.
- Endocrinologist for hypogonadism.
- Immunologist may be important if there is splenic dysfunction.
- **PREGNANCY:** Pregnant survivors of WT should be referred to an obstetrician who specializes in high risk pregnancy management (significantly increased risk of premature birth).

**Advice**

**General:**

- Advise about diet, exercise and lifestyle choices (such as smoking) which may further increase the risk of vascular disease.
- Diet rich in Vitamin D, calcium and dairy servings to reduce risk of osteoporosis.
- Skin previously in the RT field should be protected from the sun (more vulnerable to damage).
- Avoid lifting very heavy weights after flank or abdominal RT (spine more vulnerable to damage).
- Consider after nephrectomy avoid activities that might damage the remaining kidney (e.g. contact sports).
- Urinary tract infections should be treated very promptly (single kidney more vulnerable to damage).
- **Seek immediate medical help if a new swelling (painless or painful) appears within the previous RT field as this may be due to a second malignant neoplasm.**

Visit the COG guidelines website for more information:
http://www.survivorshipguidelines.org