

Oncology Clinical Pathways

Kidney Cancer

January 2023 – V1.2023



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U.S. Department
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Table of Contents

[Presumptive Conditions](#).....3

[Initial Workup](#).....4

[Stage I](#).....5

[Stage II](#).....6

[Stage III](#).....7

[Stage IV or Relapsed Clear Cell](#).....8

[Surveillance](#).....9

Kidney Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Gulf War and Post 9/11 Veterans

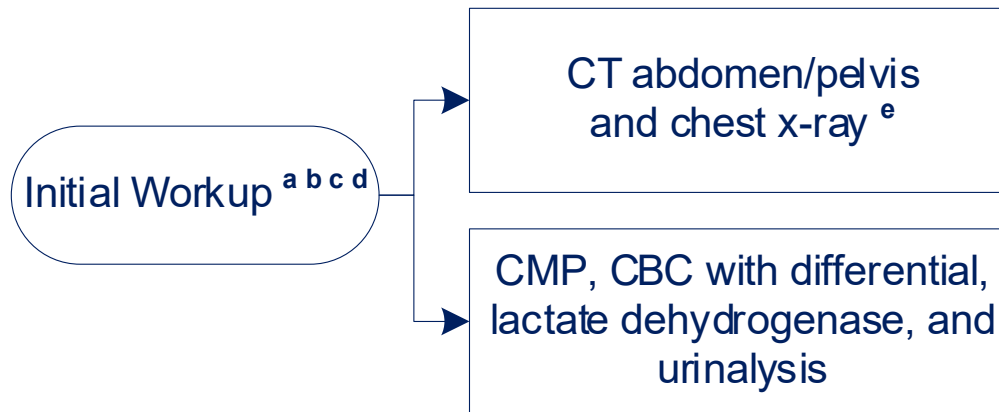
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Kidney cancer

*The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov/presumptive-disability-benefits/)

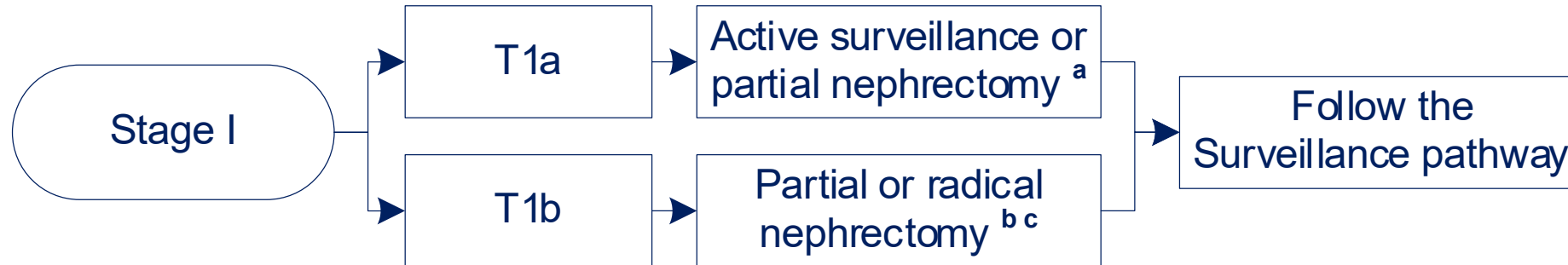
Kidney Cancer – Initial Workup



Clinical trial(s) always considered on pathway.

- ^a **Consider genetic counseling evaluation** for multiple or bilateral renal masses, family history, or young age
- ^b **Consider renal biopsy** if this would effect management
- ^c **If Urothelial carcinoma suspected**, consider urine cytology, ureteroscopy, or percutaneous biopsy
- ^d **Treatment decisions dependent on** patient comorbidities, surgical complexity, and shared decision making
- ^e **If clinically indicated**, consider bone scan, brain MRI, or chest CT

Kidney Cancer – Stage I



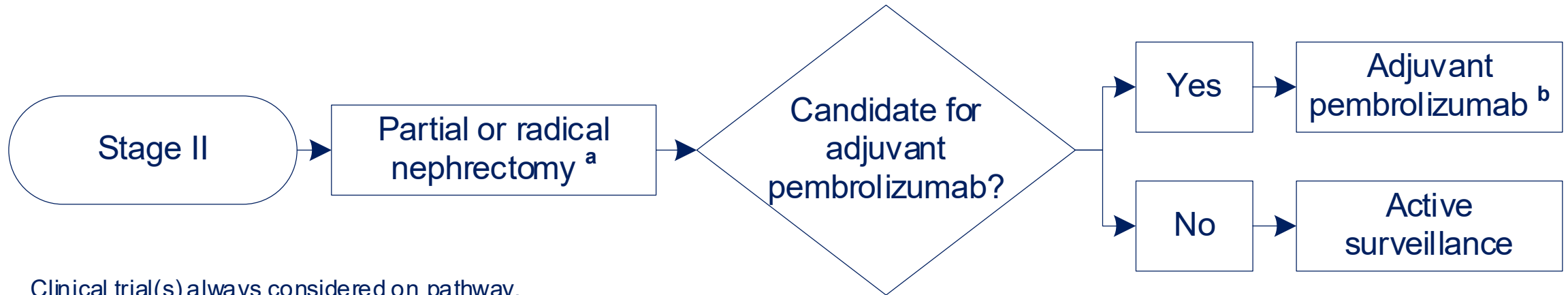
Clinical trial(s) always considered on pathway.

^a **Additional options include** radical nephrectomy or ablative procedures including SBRT; renal biopsy; surveillance is preferred for small renal masses ($\leq 3\text{cm}$)

^b **Active surveillance** appropriate in select patients (ex. not surgical candidates or medically frail)

^c **Ablative procedures**, including SBRT, can be considered depending on case

Kidney Cancer – Stage II

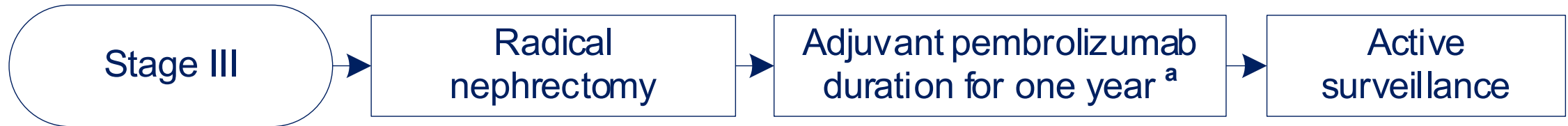


Clinical trial(s) always considered on pathway.

^a **Nephrectomy type** dependent on location, comorbidities, and kidney function

^b **Pembrolizumab** consider if clear cell Stage II with nuclear grade 4 or sarcomatoid differentiation, tumor stage 3 or higher, regional lymph-node metastasis, or stage M1 with NED, one year duration

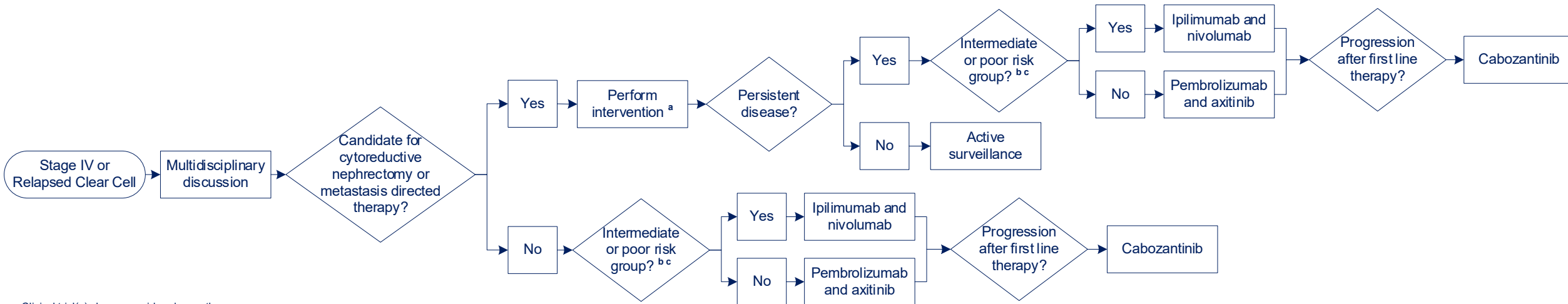
Kidney Cancer – Stage III



Clinical trial(s) always considered on pathway.

^a **Pembrolizumab** consider if clear cell Stage II with nuclear grade 4 or sarcomatoid differentiation, tumor stage 3 or higher, regional lymph-node metastasis, or stage M1 with NED, one year duration

Kidney Cancer – Stage IV or Relapsed Clear Cell



Clinical trial(s) always considered on pathway.

^a **Intervention includes** either cytoreductive nephrectomy or metastasis directed therapy

^b **Prognostic factors** include: less than one year from time of diagnosis to systemic therapy, performance status <80%, hemoglobin < lower limit of normal, calcium > upper limit of normal, neutrophil > upper limit of normal, and platelets > upper limit of normal

^c **Prognostic risk groups** defined as favorable (no prognostic factors), intermediate (1-2 prognostic factors), or poor (3-6 prognostic factors)



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Kidney Cancer – Surveillance

		Year 1	Year 2	Year 3	Year 4	Year 5
Surveillance Stage I	H&P	Annually				
	CMP	Annually				
	Abdominal CT/MRI w/ contrast	Within 6 months	Annually ^a			
	Chest X-ray/CT	As clinically indicated				

^a More rigorous schedule if positive margins, sarcomatoid features, or high grade

	Year 1	Year 2	Year 3	Year 4	Year 5
Surveillance Stage II and Stage III with or without Adjuvant Therapy	H&P	Every 3-6 months		Annually	
	CMP	Every 3-6 months		Annually	
	Abdominal CT/MRI w/ contrast	Every 3-6 months		Annually	
	Chest X-ray/CT	Every 3-6 months		Annually	

	Year 1	Year 2	Year 3	Year 4	Year 5
Surveillance Relapsed, Stage IV, or Surgically Unresectable	H&P	Every 6-16 weeks if receiving systemic therapy			
	CMP	Based on therapy used			
	Abdominal CT/MRI w/ contrast	Baseline, then every 12 weeks			
	Chest X-ray/CT	Baseline, then every 12 weeks			



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Questions?

Contact VHAOncologyPathways@va.gov



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