Stage I and II Favourable Histology Wilms Tumour*
Pediatric Surveillance & Follow-up Guidelines

ATTACH PATIENT ID

	Months from end of therapy	Date	Location	H&P	CBC	Chem	Abdo US	CXR	Urine tests	GFR	Distress screening tool	Other
Early Follow-up Clinic	0			End of treatment evaluations (as per protocol)								Summary for LTFU clinic
	3			+			+	+				
	6			+	+	+	+	+	+			Attenuated vaccine re-immunizations
	9			+			+	+				
	12			+	+	+	+	+	+			Live vaccine re-immunizations
	15			+			+	+				
	18			+			+	+				
	21			+			+	+				
	24			+	+	+	+	+	+			Refer to Late Effects clinic
LTFU Clinic	30			+								
	36			+	+	+	+	+	+			
	48			+								
	60			+								
	Notes					Lytes, Ca, Mg, PO4, Cr, urea, +/- LFTs			U/A, urine Prot:Cr & Alb:Cr ratio			

*Excludes patients treated with RT; stages I and II with focal or diffuse anaplasia; stages III, IV and V; and other renal tumours

Further Surveillance

Beckwith-Wiedemann Syndrome	H&P Q6mo until age 8y Abdo US Q3mo to age 8y
Nephroblastomatosis	Alternate abdo MRI and US Q6mo until first of 5 years testing or until age 8y

Cardiac Surveillance Guidelines (BC)

Anthracycline Dose*	Radiation Dose**	Recommended Frequency of Echo***
<100 mg/m^2	< 15 Gy	No screening
<100 mg/m^2	15 Gy to < 30 Gy	Every 5 years
≥ 100 mg/m^2 to <250 mg/m^2	<15 gy	Every 5 years
≥ 100 mg/m^2 to <250 mg/m^2	>15 Gy	Every 2 years
Any	> 30 Gy	Every 2 years
≥250 mg/m^2	Any	Every 2 years

*Based on total doses of doxorubicin or the equivalent doses of other anthracyclines
**Based on radiation dose with potential impact to heart (radiation to chest, abdomen, spine [thoracic, whole], total body [TBI]) COG LTFU Guidelines version 6.0 (Oct 2023)
***Consider increased frequency if known high risk genetic variant for anthracycline toxicity

Anthracycline Equivalent Dose

Agent	Correction factor
Doxorubicin	1.0
Daunorubicin	0.5
Epirubicin	0.67
Mitoxantrone	10.0
Idarubicin	5.0

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Risk of Prolonged Oligospermia or Azoospermia

Agent	Possible Risk	High Risk
Cyclophosphamide	> 4g/m^2	> 7.5 g/m^2
Busulphan		> 600 mg/m^2
Melphalan		> 140 mg/m^2
Ifosfamide	> 42 g/m^2	> 60 g/m^2
Procarbazine	> 3 g/m^2	> 4 g/m^2
Chlorambucil		> 1.4 g/m^2
BCNU	> 300 mg/m^2	> 1 g/m^2
CCNU		> 500 mg/m^2
Cisplatin	> 300 mg/m^2	> 600 mg/m^2
Testicular RT dose	> 200 cGy	> 1200 cGy

*Lower doses are still possible risk

1. Green J Clin Oncol 2010;28:332-9
2. Meistrich Pediatr Blood Cancer 2009;53:261-6
3. Wyns Human Reprod Update 2010;16(3):312-328

Risk of Premature Ovarian Insufficiency or Infertility

Agent	Possible Risk	High Risk	Ref
CED	> 4 g/m^2	> 8 g/m^2	1
Procarbazine	> 2 g/m^2	> 4 g/m^2	2
Cisplatin	> 300 mg/m^2		3
Dactinomycin	>12.2 mg/m2		4
Ovarian RT dose*	> 100 cGy	> 1000 cGy	5

*Age dependent (see nomogram[5])
^Bevacizumab can cause ovarian failure; possibly acute and transient only[6]

1. Green Pediatr Blood Cancer 2014;61(1):53-67
2. Van der Kaaji J Clin Oncol 2012;30(3):291-299
3. Solheim Gyne Oncol 2015;136(2):224-229
4.Van Den Berg Hum Reprod 2018; 33(8):1474-1488
5. Wallace Int J Radiat Oncol;62(3):738-744
6. Imai Molec Clin Oncol 2017;6:807-810

Cyclophosphamide Equivalent Dose (CED)

Agent	Correction factor
Cyclophosphamide	1.0
Ifosfamide	0.244
Procarbazine	0.857
Chlorambucil	14.286
BCNU	15
CCNU	16
Melphalan	40
Thiotepa	50
Nitrogen Mustard	100
Busulphan	8.823

Green Pediatr Blood Ca 2014;61:53-67