The total cohort of localized kidney cancers diagnosed in 2010 is estimated at 54,198.2 UCLA surveillance guidelines for low risk disease consist of office visit, labs, and chest CT every 12 months with abdominal/pelvis CT every 24 months. Intermediate risk patients are recommended to undergo the same baseline surveillance tests at six month intervals with abdominal imaging at 12, 36, and 60 months. High risk pts are recommended to undergo basic surveillance and abdominal/pelvis CT every six months with exclusion of abdominal imaging at 30 months. Following the UCLA guidelines, the average yearly cost per pt is $3,151, $6,302, and $13,528 for low, intermediate, and high risk pts respectively. Five-year costs are $22,981, $32,434, and $56,801 for low, intermediate, and high risk pts respectively. Total cohort costs at five years would be $1,245,524,238, $1,757,857,932, and $3,078,500,598 respectively.

Using Campbell’s guidelines, recommended surveillance for pT1 disease is a yearly clinic visit and labs. Yearly clinic visit, labs, and chest X-Ray (CXR) is advised for pT2 pts, with abdominal CT bi-annually. For pT3 pts, clinic visit and labs are recommended every six months. CXR is advised every 6 months for three years, then yearly. Abdominal CT is advised at one-year, and then every two-years following. Per- pt costs for these groups are $425, $533, and $4679 at one year and $2,125, $9,891, and $15,103 at five years respectively. Total cohort costs would be $115,170,750, $536,072,418, and $818,552,394 respectively.

With heightened economic pressure to provide cost-effective care, the substantial differences in recommended follow-up protocols for localized kidney cancer represent an area of uncertainty with substantial variation in hypothetical costs at the level of individual pts and for the population of kidney cancer survivors. These results motivate critical reevaluation of costs and benefits for different recommendations for surveillance of localized disease.