

Guideline scope

Kidney cancer: diagnosis and management

NHS England has asked NICE to develop a guideline on kidney cancer.

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 August to 19 September 2023.

You can follow [progress of the guideline](#).

What the guideline will cover

Populations

Adults (18 years and older) with suspected or confirmed renal cell carcinoma.

Exclusions

Adults with any other kidney cancers or related cancers (such as urothelial cell carcinomas of the upper urinary tract or Wilms tumour).

Equality considerations

NICE has carried out [an equality and health impact assessment](#). The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any populations are excluded from the scope.

Settings

All healthcare settings that provide care to adults with suspected or confirmed renal cell carcinoma.

Activities, services or aspects of care

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 21 1. Information, communication, advice and support for adults with
22 suspected or confirmed renal cell carcinoma and their families and
23 carers.
24
- 25 2. Diagnosis and assessment of renal cell carcinoma.
26 • Imaging.
27 • Biopsy of suspected renal cell carcinoma.
28 • Prognostic models and factors (for example tumour size and
29 characteristics, and clinical factors such as frailty and performance
30 status).
31
- 32 3. Management of localised renal cell carcinoma.
33 • Surgical interventions for example open, laparoscopic or robotic
34 surgery, including radical and partial nephrectomy (nephron-sparing
35 surgery).
36 • Non-surgical local interventions, including thermal ablation (for
37 example radiofrequency ablation, cryotherapy, or microwave
38 ablation) and stereotactic ablative radiotherapy.
39 • Active surveillance.
40 • Systemic treatments (neoadjuvant and adjuvant).
41
- 42 4. Management of locally advanced renal cell carcinoma
43
44 • Local interventions:
45 – Surgical interventions, for example open, laparoscopic or robotic
46 surgery, and adjuncts to surgery, for example removal of local
47 and/or regional lymph nodes and removal of the adrenal gland.
48 – Non-surgical interventions, for example radiotherapy (including
49 stereotactic ablative radiotherapy).
50
51 • Systemic treatments (neoadjuvant and adjuvant).
52

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54 5. Follow-up and monitoring

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56 • Active surveillance of renal lesions:

- 57 – Monitoring of renal lesions that have not been treated, such as
58 small renal masses (without histological assessment), small renal
59 cell carcinomas, grade IIF Bosniak cysts and oncocytomas.

60

61 • Follow-up and monitoring after management of localised and locally
62 advanced renal cell carcinoma:

- 63 – Risk-stratified follow-up approach, for example using prognostic
64 models.
65 – Monitoring for any long-term consequences (for example on kidney
66 function) after treatment for localised or locally advanced renal cell
67 carcinoma.
68 – Monitoring for local recurrence.
69 – Monitoring for distant metastases.
70 – Genetic assessment.

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73 6. Management of metastatic renal cell carcinoma

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75 • Systemic treatments:

- 76 – Targeted drug therapies, for example tyrosine kinase inhibitors.
77 – Immunotherapies, for example immune checkpoint inhibitors.

78

79 • Local interventions:

- 80 – Surgical interventions, for example cytoreductive nephrectomy,
81 removal of lymph nodes, and removal of metastases.
82 – Non-surgical interventions, for example thermal ablation of
83 metastases (including radiofrequency ablation, cryotherapy, and
84 microwave ablation), and radiotherapy (including stereotactic
85 ablative radiotherapy).

86 **Areas that will not be covered**

- 87 • Preventing renal cell carcinoma.
- 88 • Screening for renal cell carcinoma.
- 89 • Referral from primary care (this is covered by the [NICE guideline on](#)
- 90 [suspected cancer](#)).
- 91 • The accuracy of systems for classifying and staging tumours.
- 92 • Palliative and end of life care.
- 93 – Pain management is covered in the [NICE guideline on the care of](#)
- 94 [dying adults in the last days of life](#)
- 95 – Information and support is covered in the [NICE guideline on end of life](#)
- 96 [care for adults](#) and the [NICE guideline on patient experience in adult](#)
- 97 [NHS services](#)
- 98 – Cancer-specific guidance is available in the [NICE cancer service](#)
- 99 [guideline on improving supportive and palliative care for adults with](#)
- 100 [cancer](#).
- 101 • Service organisation and delivery.
- 102

103 **Draft review questions**

- 104 1. What are the specific information, communication, advice and support
- 105 needs of adults with suspected or confirmed renal cell carcinoma and
- 106 their families and carers (before, during and after treatment)? How can
- 107 these needs be best met?
- 108
- 109 2. Diagnosis and assessment of renal cell carcinoma in adults
- 110
- 111 a. What is the clinical and cost effectiveness of imaging for diagnosis in
- 112 adults with suspected renal cell carcinoma? Which imaging
- 113 investigations should be offered, to whom and under what
- 114 circumstances?
- 115
- 116 b. What is the clinical and cost effectiveness of biopsy (compared with
- 117 no biopsy) in adults with suspected renal cell carcinoma? How does

- 118 effectiveness and cost effectiveness vary based on the
119 characteristics of the tumour and of the person?
- 120
121 c. In adults with suspected or confirmed renal cell carcinoma, which
122 prognostic models and factors (including frailty assessment and
123 performance status) perform best in predicting outcomes and
124 informing suitable management options?
- 125
126 3. Management of localised renal cell carcinoma
- 127
128 a. What is the clinical and cost effectiveness of partial compared with
129 radical nephrectomy in adults with localised renal cell carcinoma,
130 based on the surgical technique used, the size, location and
131 complexity of the tumours, and the renal function and performance
132 status of the person?
- 133
134 b. What is the clinical and cost effectiveness of different non-surgical
135 interventions for localised renal cell carcinoma in adults (for example
136 thermal ablation, stereotactic ablative radiotherapy) or active
137 surveillance, compared with surgery?
- 138
139 c. What is the clinical and cost effectiveness of neoadjuvant and
140 adjuvant treatments for adults with localised renal cell carcinoma?
- 141
142 4. Management of locally advanced renal cell carcinoma
- 143
144 a. What local interventions are clinically and cost effective for treating
145 locally advanced renal cell carcinoma in adults? For example,
146 surgery, adjuncts to surgery (such as removal of local and/or
147 regional lymph nodes or the adrenal gland), and non-surgical
148 interventions such as radiotherapy (including stereotactic ablative
149 radiotherapy).
- 150
151 b. What is the clinical and cost effectiveness of neoadjuvant and
152 adjuvant treatments for locally advanced renal cell carcinoma in
153 adults?

154

155 5. Follow-up and monitoring

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- 158 a. For adults with renal lesions that have not been treated (for example
159 small renal masses without histological assessment, small renal cell
160 carcinomas, grade IIF Bosniak cysts and oncocytomas), what active
161 surveillance is the most clinically and cost effective (based on
162 method, duration and frequency) for the early detection of disease
163 progression?

163

164

- 165 b. For adults who have had treatment for localised or locally advanced
166 renal cell carcinoma, what is the most clinically and cost effective
167 follow-up strategy (based on method, duration and frequency) for
168 monitoring any long-term consequences of treatment and for early
169 detection of recurrence or progression of disease?

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- 172 c. Which adults with renal cell carcinoma should be offered genetic
173 assessment, and how does it influence treatment plans?

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175 6. Management of metastatic renal cell carcinoma

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- 178 a. What is the clinical and cost effectiveness of different
179 pharmacological treatment regimens (for example immunotherapies
180 and targeted drug therapies) for first-, second- and subsequent-line
181 treatments for metastatic renal cell carcinoma in adults?

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182

- 183 b. What is the clinical and cost effectiveness of non-pharmacological
184 interventions for treating metastatic renal cell carcinoma in adults?
185 For example, cytoreductive nephrectomy, removal of lymph nodes,
186 surgical removal of metastases, thermal ablation of metastases and
187 radiotherapy (including stereotactic ablative radiotherapy).

187

188

189 c. Which is the most clinically and cost effective sequence of
190 treatments (non-pharmacological and pharmacological) for
191 metastatic renal cell carcinoma in adults according to the person's
192 risk and previous treatments?

193
194 The areas covered and draft questions will be used to develop more detailed
195 review questions, which will guide the systematic review of the literature. The
196 draft questions may change during guideline development, but the areas
197 covered will remain as listed in the final scope.

198 **Economic aspects**

199 We will take economic aspects into account when making recommendations.
200 For each review question (or key area in the scope), we will review the
201 economic evidence and, where appropriate, carry out economic modelling
202 and analyses, using an NHS and personal social services perspective.

203 **Guidance being developed alongside this update**

204 We will address any overlaps with the NICE technology appraisal guidance
205 covered in the [renal cell carcinoma pathways pilot](#).

206 **Main outcomes**

207 The main outcomes that may be considered when searching for and
208 assessing the evidence are:

- 209 • survival
 - 210 – cancer-free survival
 - 211 – progression-free survival, including local and regional-free survival,
 - 212 second-progression-free survival, metastases-free survival
 - 213 – overall survival
- 214 • risk of progression
- 215 • local recurrence
- 216 • distant metastases
- 217 • number and length of hospital admissions following diagnosis

- 218 • quality of life (using validated measures), for example pain, functioning, and
- 219 coping with side effects of treatment
- 220 • severe adverse events and complications
- 221 • long term consequences of treatment, for example renal function
- 222 impairment and cardiovascular events
- 223 • psychological wellbeing.

224 **Methods**

225 The guideline will be developed using the methods and processes in
226 [developing NICE guidelines: the manual](#).

227 NICE has produced guidance on the experience of people using the NHS and
228 best practice in health and social care. This guideline will not include
229 additional recommendations on these topics unless there are specific issues
230 not covered by this guidance.

231 **Where this guidance applies**

232 NICE guidelines cover health and care in England. Decisions on how they
233 apply in other UK countries are made by ministers in the [Welsh Government](#),
234 [Scottish Government](#) and [Northern Ireland Executive](#).

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