

## Guideline scope

### Kidney cancer: diagnosis and management

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

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

#### What the guideline will cover

##### Populations

Adults (18 years and older) with suspected or confirmed renal cell carcinoma, including all subtypes.

##### Exclusions

Adults with any other kidney cancers, or related cancers such as urothelial carcinoma (also known as transitional cell carcinoma) of the upper urinary tract or Wilms tumour.

##### Equality considerations

NICE has carried out [an equality and health inequalities 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.

1. Information, communication, advice and support for adults with suspected or confirmed renal cell carcinoma and their families and carers.
2. Diagnosis and assessment of renal cell carcinoma.
  - Imaging.
  - Biopsy of suspected renal cell carcinoma.
  - Prognostic models and factors (for example tumour size and characteristics, and clinical factors such as frailty and performance status).
3. Management of localised renal cell carcinoma.
  - Surgical interventions, for example open, laparoscopic or robotic surgery, including radical and partial nephrectomy (nephron-sparing surgery).
  - Non-surgical local interventions, including thermal ablation (for example radiofrequency ablation, cryotherapy, or microwave ablation) and stereotactic ablative radiotherapy.
  - Active surveillance.
  - Systemic treatments (neoadjuvant and adjuvant).
4. Management of locally advanced renal cell carcinoma
  - Local interventions:
    - Surgical interventions, for example open, laparoscopic or robotic surgery, and extent of surgery, for example removal of local and/or regional lymph nodes and removal of the adrenal gland.
    - Stereotactic ablative radiotherapy.
  - Systemic treatments (neoadjuvant and adjuvant).
5. Follow-up and monitoring
  - Active surveillance of renal lesions:
    - Monitoring of renal lesions that have not been treated, such as small renal masses (without histological assessment), small renal cell carcinomas, grade 2F Bosniak cysts and oncocytomas.

- Follow-up and monitoring after management of localised and locally advanced renal cell carcinoma:
  - Risk-stratified follow-up approach, for example using prognostic models.
  - Monitoring for any long-term consequences (for example on kidney function) after treatment for localised or locally advanced renal cell carcinoma.
  - Monitoring for local recurrence.
  - Monitoring for distant metastases.
  - Genetic assessment.

## 6. Management of advanced renal cell carcinoma

- Systemic treatments:
  - Targeted drug therapies, for example tyrosine kinase inhibitors.
  - Immunotherapies, for example immune checkpoint inhibitors.

(Relevant NICE technology appraisal recommendations will be incorporated into the guideline.)

- Local interventions:
  - Surgical interventions, for example cytoreductive nephrectomy, removal of lymph nodes, and removal of metastases.
  - Non-surgical interventions, for example thermal ablation of metastases (including radiofrequency ablation, cryotherapy, and microwave ablation), and radiotherapy (including stereotactic ablative radiotherapy).

### **Areas that will not be covered**

- Preventing renal cell carcinoma.
- Screening for renal cell carcinoma.
- Referral from primary care (this is covered by the [NICE guideline on suspected cancer](#)).
- The accuracy of systems for classifying and staging tumours.
- Palliative and end of life care.

- Pain management is covered in the [NICE guideline on the care of dying adults in the last days of life](#)
  - Information and support is covered in the [NICE guideline on end of life care for adults](#) and the [NICE guideline on patient experience in adult NHS services](#)
  - Cancer-specific guidance is available in the [NICE cancer service guideline on improving supportive and palliative care for adults with cancer](#).
- Service organisation and delivery.

## Draft review questions

1. What are the specific information, communication, advice and support needs of adults with suspected or confirmed renal cell carcinoma and their families and carers (before, during and after treatment)? How can these needs be best met?
2. Diagnosis and assessment of renal cell carcinoma in adults
  - a. What is the clinical and cost effectiveness of imaging for diagnosis in adults with suspected renal cell carcinoma? Which imaging investigations should be offered, to whom and under what circumstances?
  - b. What is the clinical and cost effectiveness of biopsy (compared with no biopsy) for diagnosis in adults with suspected renal cell carcinoma? How does effectiveness and cost effectiveness vary based on the characteristics of the tumour and of the person?
  - c. In adults with suspected or confirmed renal cell carcinoma, which prognostic models and factors (including frailty assessment and performance status) perform best in predicting outcomes and informing suitable management options?
3. Management of localised renal cell carcinoma

- a. What is the clinical and cost effectiveness of partial compared with radical nephrectomy in adults with localised renal cell carcinoma, based on the surgical technique used, the size, location and complexity of the tumours, and the renal function and performance status of the person?
  - b. What is the clinical and cost effectiveness of different non-surgical interventions (for example thermal ablation, stereotactic ablative radiotherapy) or active surveillance for localised renal cell carcinoma in adults?
  - c. What is the clinical and cost effectiveness of systemic treatments (neoadjuvant and adjuvant) for adults with localised renal cell carcinoma?
4. Management of locally advanced renal cell carcinoma
- a. What local interventions are clinically and cost effective for treating locally advanced renal cell carcinoma in adults? For example, surgery, extensions to surgery (such as removal of local and/or regional lymph nodes or the adrenal gland), and stereotactic ablative radiotherapy.
  - b. What is the clinical and cost effectiveness of systemic treatments (neoadjuvant and adjuvant) for adults with locally advanced renal cell carcinoma?
5. Follow-up and monitoring
- a. For adults with renal lesions that have not been treated (for example small renal masses without histological assessment, small renal cell carcinomas, grade 2F Bosniak cysts and oncocytomas), what are the most clinically and cost-effective approaches to active surveillance (including method, duration and frequency), based on

the type of renal lesion, for the early detection of disease progression?

- b. For adults who have had treatment for localised or locally advanced renal cell carcinoma, what is the most clinically and cost-effective follow-up strategy (based on method, duration and frequency) for monitoring any long-term consequences of treatment and for early detection of recurrence or progression of disease?
  - c. Which adults with renal cell carcinoma should be offered genetic assessment, and how does it influence treatment and follow-up plans?
6. Management of advanced renal cell carcinoma
- a. What is the clinical and cost effectiveness of different pharmacological treatment regimens (for example immunotherapies and targeted drug therapies) for advanced renal cell carcinoma in adults? (Relevant NICE technology appraisal recommendations will be incorporated into the guideline).
  - b. What is the clinical and cost effectiveness of non-pharmacological interventions when used in combination with, or separate from pharmacological treatments, at different positions within the treatment pathway for advanced renal cell carcinoma in adults? For example, cytoreductive nephrectomy, removal of lymph nodes, surgical removal of metastases, thermal ablation of metastases and radiotherapy (including stereotactic ablative radiotherapy).

The areas covered and draft questions will be used to develop more detailed review questions, which will guide the systematic review of the literature. The

draft questions may change during guideline development, but the areas covered will remain as listed in the final scope.

## **Economic aspects**

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

## **Guidance and quality standards being developed alongside this guideline**

[Cabozantinib with nivolumab for untreated advanced renal cell carcinoma. NICE technology appraisal guidance. Publication date to be confirmed.](#)

This guideline will also be used to develop a [NICE quality standard](#) for kidney cancer

## **Main outcomes**

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

- survival
  - disease-free survival
  - progression-free survival
  - overall survival
- risk of progression
- local recurrence
- distant metastases
- number and length of hospital admissions following diagnosis
- quality of life (using validated measures), for example pain, functioning, and coping with side effects of treatment
- severe adverse events and complications
- long term consequences of treatment, for example renal function impairment and cardiovascular events

- psychological wellbeing.

## Methods

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

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

## Where this guidance applies

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

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