

Understanding NICE guidance

Information for people who use NHS services

Treatment of renal cancer with cryotherapy

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how cryotherapy can be used to treat people with renal cancer in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe renal cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

What has NICE said?

Evidence suggests that this procedure is safe and destroys renal cancer. However, there are uncertainties about whether it can destroy tumours completely and whether it affects the long-term survival of patients. If a doctor wants to use cryotherapy for renal cancer, he or she should make sure that extra steps are taken to explain the uncertainty and the likely benefits and potential risks of the procedure. This should happen before the patient agrees (or doesn't agree) to the procedure. The patient should be given this leaflet and other written information as part of the discussion.

A team of specialists should work together to ensure the right patients are chosen for this procedure. This team should include a urologist, an oncologist and a radiologist.

There should also be special arrangements for monitoring what happens to patients after the procedure. NICE is asking doctors to send information about every patient who has cryotherapy and what happens to them afterwards to a central store of information held by the British Association of Urological Surgeons so that the safety of the procedure can be checked over time.

Other comments from NICE

It is difficult to check whether the tumours have been completely removed. In addition, not a lot is known about what usually happens to small tumours if they are left untreated and how long patients survive. The position of the cancer (that is, whether it is near the centre or edge of the kidney) and its size appear to be important. Results may be better for smaller and peripheral tumours (at the edge of the kidney).

This procedure may not be the only possible treatment for renal cancer. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Cryotherapy

The procedure is not described in detail here – please talk to your specialist for a full description.

Treatment of renal cancers depends on whether they can be removed, their size and whether they are near the centre or the edge (periphery) of the kidney. Treatment may involve the removal of all or part of the kidney. This is called total or partial nephrectomy.

Cryotherapy may be a treatment option for patients with small cancers (up to 4 cm in diameter), for patients who have other renal problems or for patients who are unfit or unwilling to have a major operation.

This procedure is done under general anaesthesia. A small cut is made through the skin and a probe is inserted into the cancer. A special coolant is then delivered at subfreezing temperatures which makes an ice ball around the tip of the probe. This freezes and destroys the cancer.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at eight studies on this procedure.

How well does the procedure work?

In a study of 56 patients who had cryotherapy, 89% survived for at least 3 years.

In a second study, the cancer grew back in 2 out of 78 patients. In a third study, the cancer grew back in 2 out of 59 patients. These studies followed patients up for an average of 2 years.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

What does this mean for me?

If your doctor has offered you cryotherapy for renal cancer, he or she should tell you that NICE has decided that the long-term benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved in having the procedure and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this discussion has taken place. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision.

NICE has also decided that more information is needed about the long-term benefits of cryotherapy. So it has recommended that some details should be collected about every patient who has this procedure in England and Wales. These details will be held confidentially in an electronic database, and will not include patients' names. If you do not agree to your details being entered into the database, you can still have the procedure.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits?
- Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

The expert advisers said that, because only a small number of patients have been treated with cryotherapy, it is not yet clear how well it works in the long term. Also, in the studies it was not always clear whether the cancer tissue had been destroyed completely during the procedure.

Risks and possible problems

In one study, 19 out of 139 patients had complications after cryotherapy; 10 of these patients had pain at the site of the probe. In another study, there were fewer problems with cryotherapy (6 out of 78 patients) than with surgery (49 out of 153 patients). Other problems included bleeding, respiratory and intestinal problems.

The expert advisers said that the main problems are bleeding, damage to neighbouring parts of the body during the procedure, leakage of urine and infection.

More information about renal cancer

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG207

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1198).