

National Institute for Health and Care Excellence

Draft for consultation

Kidney Cancer

Review Questions

NICE guideline TBC

Review Questions

July 2025

Draft for consultation

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and, where appropriate, their carer or guardian.

Local commissioners and providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© NICE 2025. All rights reserved. Subject to [Notice of rights](#).

Contents

1 Review Questions..... 5

1 Review Questions

1	What information do adults with suspected or confirmed RCC want before, during and after treatment, when do they want it, and from which healthcare provider would they want to receive it?
2a (i)	<p>Test and treat: What is the clinical and cost effectiveness of CT compared with MRI for diagnosing renal lesions in adults with suspected renal cell carcinoma?</p> <p>DTA: In adults with suspected renal cell carcinoma, what is the diagnostic accuracy and cost effectiveness of:</p> <ul style="list-style-type: none"> • CT • MRI <p>for diagnosing renal lesions?</p>
2a (ii)	<p>Test and treat: What is the clinical and cost effectiveness of 99mTc-sestamibi SPECT/CT compared with contrast-enhanced ultrasound for differentiating renal masses in adults with suspected renal cell carcinoma?</p> <p>DTA: In adults with suspected renal cell carcinoma, what is the diagnostic accuracy and cost effectiveness of:</p> <ul style="list-style-type: none"> • 99mTc-sestamibi SPECT/CT • contrast-enhanced ultrasound <p>for differentiating renal masses?</p>
2b	<p>Test and treat: What is the clinical and cost effectiveness of core biopsy compared with no biopsy for diagnosing renal lesions in adults with suspected renal cell carcinoma?</p> <p>DTA: In adults with suspected renal cell carcinoma, what is the diagnostic accuracy and cost effectiveness of core biopsy for diagnosing renal masses?</p>
2c (i)	In adults with suspected or confirmed non-metastatic renal cell carcinoma, which validated risk prediction models are most effective at predicting survival and recurrence?
2c (ii)	In adults with suspected or confirmed metastatic renal cell carcinoma, which validated risk prediction models are most effective at predicting survival and progression?
3a	What is the clinical and cost effectiveness of partial compared with radical nephrectomy in adults with localised renal cell carcinoma and for whom and under what circumstances is partial or radical nephrectomy most suitable?
3b	What is the clinical and cost effectiveness of different non-surgical interventions or active surveillance, compared to each other or surgical interventions, for localised renal cell carcinoma in adults?
4a	What is the clinical and cost effectiveness of nephrectomy or stereotactic ablative radiotherapy (SABR) for treating locally advanced renal cell carcinoma in adults?
5a	For adults with small or suspected benign renal lesions that have not been treated, 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?
5b	For adults who have had treatment for localised or locally advanced renal cell carcinoma, what are the most clinically and cost-effective risk-stratified follow-up strategies (based on method, duration, and frequency)?
5c (i)	To inform the need for genetic assessment in adults with confirmed renal cell carcinoma (RCC), which of the following risk factors are associated with hereditary RCC:

	<ul style="list-style-type: none">• age at diagnosis ≤ 46 years,• bilateral or multifocal tumours/cysts• family history• syndromic manifestations of a hereditary renal cancer predisposition syndrome• histological subtype e.g. fumarate hydratase-deficient RCC, succinate dehydrogenase deficient RCC?
5c (ii)	What is the clinical and cost effectiveness of: <ul style="list-style-type: none">• different interventions (surgical or non-surgical) or active surveillance, compared to each other and• different follow up strategies compared to each other for adults with heritable renal cell carcinoma?
6b(i)	What is the clinical and cost-effectiveness of non-pharmacological interventions used before systemic anti-cancer therapy in adults with previously untreated advanced renal cell carcinoma?
6b(ii)	What is the clinical and cost-effectiveness of non-pharmacological interventions used after systemic anti-cancer therapy for adults with advanced renal cell carcinoma?