

# Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

### Kidney cancer: diagnosis and management

## 2 List of modelling questions

<b>Review questions by scope area</b>	<b>What is the clinical and cost effectiveness of different non-surgical interventions for localised renal cell carcinoma in adults (for example thermal ablation, stereotactic ablative radiotherapy) or active surveillance, compared with surgery?</b>
Population	Adults (18 years or over) with (histologically confirmed or suspected on imaging) localised RCC
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> <li>• Thermal ablation <ul style="list-style-type: none"> <li>○ Radiofrequency ablation</li> <li>○ Cryotherapy</li> <li>○ Microwave ablation</li> </ul> </li> <li>• Stereotactic ablative radiotherapy (SABR)</li> <li>• Active surveillance</li> <li>• Surgery <ul style="list-style-type: none"> <li>○ Partial nephrectomy</li> <li>○ Radical nephrectomy</li> </ul> </li> </ul>
Perspective	NHS & PSS
Outcomes	Only costs included (upfront treatment costs, monitoring costs, downstream costs e.g. management of recurrences)
Type of analysis	Cost analysis
Issues to note	-

<b>Review questions by scope area</b>	<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?</b>
Population	Adults (18 years or over) who have been treated for localised or locally advanced RCC and are disease-free
Interventions and comparators considered for inclusion	<p>Different risk-stratified follow-up protocols which include frequency and method of follow-up.</p> <p>Two comparisons:</p> <ul style="list-style-type: none"> <li>• Comparison 1: a high proportion of cross-sectional imaging (CSI) versus a low proportion of CSI strategy</li> <li>• Comparison 2: a low imaging frequency strategy versus a high imaging frequency strategy</li> </ul>

Perspective	NHS & PSS
Outcomes	<ul style="list-style-type: none"> <li>• Recurrence free survival</li> <li>• Overall survival</li> <li>• Quality of life</li> <li>• Quality adjusted life years (QALYs)</li> <li>• Costs</li> <li>• Incremental cost-effectiveness ratios (ICERs)</li> <li>• Net health benefits (NHBs)</li> </ul>
Type of analysis	CUA
Issues to note	Due to the lack of direct evidence comparing the effectiveness of different strategies, our analysis focused on two follow-up comparisons for each risk group based on those evaluated in the RECUR database analysis.