Kidney cancer: diagnosis and management overview for renal cell carcinoma (RCC)

1 Diagnosis

For people with suspected RCC

- Use multiphasic contrast-enhanced CT or MRI for diagnosis and staging; other imaging options may also be needed (see guideline section 1.2)
- If suitable, renal biopsy should be used to inform diagnosis and management (see guideline section 1.3)

2 Management

For people with likely benign lesions

(oncocytomas or Bosniak 2F cysts: see guideline section 1.4)

Offer active surveillance (see guideline recommendations 1.5.13 to 1.5.18)

- For information on when to stop active surveillance, see guideline recommendations 1.4.7 to 1.4.9
- For **oncocytoma**, discuss biopsy if growth rate is high (see guideline recommendation 1.4.2)
- If:
  - Bosniak 2F cyst progresses, or
  - suspected oncocytoma is found to be malignant on biopsy

  follow guidance in next column for people with **likely malignant lesions**

For people with likely malignant lesions

For localised RCC (see guideline section 1.5)

Options are:

- partial or total nephrectomy
- thermal ablation
- active surveillance
- stereotactic ablative radiotherapy (SABR)

For locally advanced RCC (see guideline sections 1.6 and 1.7)

Options are:

- minimally invasive total nephrectomy
- open total nephrectomy

Consider using risk prediction tools to predict risk of recurrence (see guideline section 1.9)

For guidance on systemic anticancer therapy for localised or locally advanced RCC, see guideline section 1.10

Offer follow-up imaging on treatment completion, taking into account the person's risk of recurrence (see guideline section 1.11)

- If either **recurrence** or **metastases** are suspected during follow up, see guideline recommendations 1.11.13 and 1.11.14 on imaging, biopsy, and management of confirmed metastases
- For information on when to discharge from follow up according to risk of recurrence, or if no treatment options are suitable should recurrence or metastases be developed in the future, see guideline recommendations 1.11.15 to 1.11.19

For advanced RCC (see guideline sections 1.12 to 1.16)

Consider using the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) tool to inform treatment options (also see guideline section 1.13)

Decide when to use monitoring or systemic anticancer therapy:

- for **oligometastatic cancer**, see guideline recommendation 1.14.1
- for **widespread metastases**, see guideline recommendation 1.14.2

Systemic anticancer therapy guidance

For details of first-line and subsequent systemic anticancer therapy for advanced RCC, see guideline section 1.15

Guidance on treating the primary lesion

For details of when cytoreductive nephrectomy before or after SACT might be suitable, see guideline recommendations 1.14.2 to 1.14.5

Guidance on treating the metastases

For details of non-pharmacological interventions for treating metastases, see guideline recommendations 1.14.7 to 1.14.9

Ensure the person's **information needs** are met throughout their care journey:

- when RCC is suspected or confirmed (see guideline section 1.1)
- if a biopsy is recommended (see guideline recommendation 1.3.13)
- before and after surgery (see guideline section 1.8)
- if palliative care is needed (see guideline section 1.16)

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This diagram covers only part of the guideline content. For full details, see Kidney cancer: diagnosis and management.

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