



# Resource impact summary report

Resource impact

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This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

## Guideline recommendations

See [NICE's recommendations on kidney cancer](#).

The following recommendations represent a change to current practice:

- Biopsy for suspected localised, locally advanced RCC or suspected metastatic RCC (recommendations 1.3.1 to 1.3.8). A [resource impact template](#) has been developed for this group of recommendations and is published alongside this report.

## Financial and capacity resource impact

The key drivers of resource impact are:

- An increase in the number of people having biopsies.
- The number of procedures avoided because of a benign or low risk cancer biopsy result.

Table 1 shows the estimated cash impact of recommendation 1.3.2.

**Table 1 Financial resource impact (cash items) in England**

<b>Current or future practice</b>	<b>Cost of biopsy (£)</b>	<b>Avoided surgical procedures because of biopsy</b>	<b>Total costs (£)</b>
Current practice	0.6 million	-1.4 million	-0.8 million
Future practice	1.1 million	-2.7 million	-1.6 million

Table 2 shows the impact of recommendation 1.3.2 on capacity activity in each of the next 5 years.

**Table 2 Capacity impact (activity) in England**

<b>Year</b>	<b>Number of biopsy procedures</b>	<b>Number of surgical procedures avoided</b>
Current practice	720	200
Future practice	1,430	400

Estimated capacity and cost implications are subject to uncertainty due to difficulty estimating people who may avoid surgery and levels of implementation. Clinical expert opinion has been utilised to provide an illustration of potential change in practice.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

## Population covered

Table 3 shows the number of people who are covered by recommendation 1.3.2 to offer biopsy at diagnosis to people with a renal lesion 4 cm or smaller in diameter with a solid component.

**Table 3 Incidence of renal lesions 4 cm or smaller in England**

Details	Percentage, %	Number of people
Total population	N/A	59,145,411
Incidence of kidney cancer	0.019	11,389
People with renal lesions 4 cm or smaller in diameter	23.5	2,680

The following assumptions have been used to calculate the population:

- 5% of kidney cancers related to renal lesion 4 cm based on National Kidney Cancer Audit (NKCA) data.

## Other considerations

The following recommendations have not been included in the resource impact template because they are not considered to have a significant resource impact. But, because they represent a change in practice, organisations may need to review and assess resource impact locally.

- Recommendations to offer clinical nurse specialist support in secondary care to people with suspected or confirmed RCC during diagnosis, management and follow-up or palliative care. (Recommendations 1.1.3 to 1.15).
- Recommendations to consider active surveillance, thermal ablation or stereotactic ablative radiotherapy (SABR), if thermal ablation is not suitable. (Recommendations 1.5.5 to 1.5.7).

## Key information

Table 4 Key information

<b>Speciality</b>	Cancer
<b>Disease area</b>	Kidney cancer
<b>Programme budgeting category</b>	PBC 02H
<b>Commissioner(s)</b>	ICBs commission services for patients with kidney cancer other than radiotherapy and chemotherapy which are commissioned by NHS England
<b>Provider(s)</b>	NHS hospital trusts

## About this resource impact summary report

This resource impact summary report accompanies the [NICE guideline on kidney cancer](#) and should be read with it.