



Effective Health Care

Renal Masses and Localized Renal Cancer Nomination Summary Document

Results of Topic Selection Process & Next Steps

- *Renal Masses and Localized Renal Cancer* will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator(s): Health care professional organization

Nomination Summary: The nominator is interested in developing a clinical guideline on the management and treatment of renal masses and localized renal cancer. The nominator asserts there is clinical uncertainty due to the availability of new technologies and new evidence on existing technologies.

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Population(s): Individuals with stage I and II renal cell carcinoma, which corresponds to clinical T1 (<7 cm, organ confined) or T2 (>7 cm, organ confined) renal masses.

Intervention(s): Multiple treatment and management strategies including radical nephrectomy (open and minimally invasive), partial nephrectomy (open and minimally invasive), thermal ablation (e.g., radiofrequency ablation, cryoablation), active surveillance, and renal mass sampling.

Comparator(s): Those listed above (i.e., to each other)

Outcome(s): Oncologic outcomes (e.g., disease-free survival, cancer recurrence-free survival, overall survival), renal function, complications

Key Questions from Nominator: What is the comparative oncologic efficacy, preservation of renal function, and complications associated with radical nephrectomy, partial nephrectomy, thermal ablation, and active surveillance in the treatment of the renal mass or localized renal cancer?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see [http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.](http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/))
- Primary renal cancer occurs when kidney cells become malignant and multiply into a tumor. Among adults, the most frequent type of primary renal cancer is renal cell carcinoma and among children, Wilm's tumor. The National Cancer Institute (NCI) estimates that in 2013 there were 65,150 new cases of kidney cancer and 13,680 deaths from kidney cancer.
- There are multiple management and treatment strategies available for renal masses and localized renal cancer. Current clinical guidelines do not consider advancements such as new surgical procedures and new therapeutic options.
- A scan of the available literature identified a number relevant randomized controlled trials (RCTs), controlled clinical trials (CCTs), and other studies primarily focused on different techniques for nephrectomy (e.g. partial vs. radical, open vs. laparoscopic), with some literature on the use of thermal ablation. Given this significant body of literature and the potential for clinical practice variation, an AHRQ systematic review would be feasible and may help to inform clinical decision-making,