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Adherence to guidelines in Renal Tumours under Active surveillance and watchful waiting

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Background

Kidney cancer is the 7th most common cancer and its Management includes surgical and non-surgical options . Non surgical management can be Active Surveillance, Watchful Waiting, or Tumour Ablation (Cryoablation, RFA, Microwave)

This study aimed To evaluate adherence to guidelines in 'renal cancer patients managed with Active Surveillance and Watchful Waiting

FACTORS FAVORING AS/EXPECTANT MANAGEMENT

Patient-related	Tumor-related
Elderly	Tumor size < 3cm
Life expectancy <5 years	Tumor growth < 5mm/year
High comorbidities	Non-infiltrative
Excessive perioperative risk	Low complexity
Frailty (poor functional status)	Favorable histology
Patient preference for AS	Predominantly cystic
Marginal renal function	

Renal Mass and Localized Renal Cancer: Evaluation, Management, and Follow-up: AUA Guideline: Part II Steven C. Campbell, et al

Methods

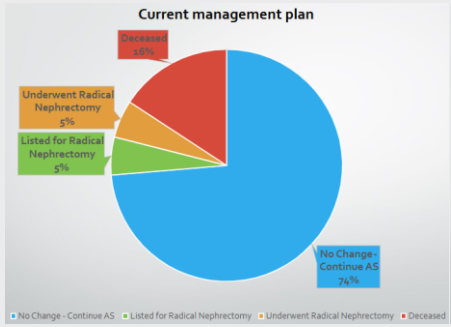
Retrospective cohort analysis of a Sample size of 19 patients with renal tumours under active surveillance or watchful waiting Parameters analysed were: Initial tumour size, Annual growth rate, Histology, ASA score and Co-morbidities

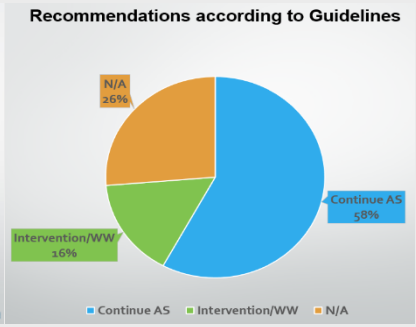
Results

The study showed that Active Surveillance is not static as Tumour progression may require re-evaluation of management.

Change in management options can be either Surgical intervention or Ablation in unfit patients

The study recommended that Criteria breach (size/growth) should trigger MDT discussion





Conclusion

•Annual imaging is crucial to monitor tumour behavior
•Adherence to size and growth thresholds helps determine if continued surveillance is appropriate
•Ablation should be considered in unfit surgical candidates if:
•Tumour >30 mm
•Growth >5 mm/year

Recommendations

- Standardize follow-up protocols
- MDT review for any patients exceeding guideline thresholds
- Enhanced shared decision-making with patients regarding change in management