



NKCA

National Kidney
Cancer Audit

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NKCA Newsletter, July 2026

NKCA Quality Improvement Intervention Improving Access to CNS Care

Following the launch of the [NKCA Quality Improvement \(QI\) Intervention](#) on 8 January 2026, the NKCA team has been reviewing both data completeness and trust-level performance across England.

The importance of CNS support following a diagnosis of kidney cancer is reflected in the first [NICE guideline](#) and [NICE Quality Standards](#) published in March 2026.

As part of the intervention, a new performance indicator was introduced to the January [NKCA data dashboard](#): "Percentage of people diagnosed with kidney cancer that were seen by a Clinical Nurse Specialist." To ensure robust reporting, results are currently included only for providers with at least 70% completeness for the COSD data item 'CR2050 Clinical Nurse Specialist Indication Code' for patients diagnosed at that trust during the reporting period. Data completeness for this item can be viewed by trust and Cancer Alliance within the dashboard. The performance indicator was updated in April and July 2026, covering the cohort up to 31 December 2025. A further update, including a more contemporary cohort, will be published on 8 October 2026.

As part of ongoing engagement work, the NKCA has contacted trusts identified as having:

- **data completeness below 30% with more than 100 patients** (11 trusts in total)
- **performance indicator results below 70% with more than 100 patients and more than 70% data completeness** (5 trusts in total)

Encouragingly, 75% of trusts contacted have responded and are actively investigating their data submissions. To support local improvement work, the NKCA encourages providers who have not yet been contacted to review their results on the [data dashboard](#) and to download the **supporting materials**, including:

- a [local action plan](#)
- a [checklist](#) to help trusts improve access to CNS care



NKCA 2025 Best Practice

Have you shared your contact details or those of the main contact person looking after the patient ☐

Kidney CNS Checklist:

Diagnosis & Planning

- ☐ **MDT Discussion**
Has the patient been discussed at the MDT meeting and a clear management plan provided?
- ☐ **Renal Biopsy**
For small masses (≤4cm): Has a biopsy been offered? Has the imaging modality (USS or CT-guided) been confirmed at MDT?
- ☐ **Data Completeness**
Has the patient's staging information and COSD data been accurately recorded?

Surgical Treatment

- ☐ **Timely Treatment for High-Risk/Stage 3 RCC (T3+ or N1 or >10cm)**
Is the surgery scheduled within 31 days (England) and 21 days (Wales), with escalation to management if not?
- ☐ **Curative Surgery Assessment (T1b-3NxM0)**
Has curative surgery been offered? If not, is the reason documented?
- ☐ **Nephron Sparing Assessment (T1aN0M0)**
Has partial nephrectomy, thermal ablation, or active surveillance been discussed? If unavailable locally, has a referral been made?

Advanced Care and Support

- ☐ **Systemic Anti-Cancer Therapy (SACT) for Metastatic RCC**
Has an oncologist seen the patient? Barriers to treatment identified and addressed?
- ☐ **Supportive Care for SACT-Related Complications**
Has a holistic needs assessment been completed? Has counselling or toxicity management been offered?
- ☐ **Clinical Trial Screening**
Has the patient been offered and screened for any available clinical trials?

State of the Nation 2026

The NKCA State of the Nation (SotN) Report will be published on **10 September 2026**. This year's report highlights alignment with the newly published [NICE kidney cancer guideline](#) and [Quality Standard](#), introduces methodological enhancements to improve trust-level comparisons, and showcases early research findings exploring variation in treatment and timeliness of care. Read our [previous report from 2025](#).

July Data Dashboard

The July update of [NKCA data dashboard](#) is live. The next quarterly update will be released on Thursday **8 October 2026**.

Research Publication

The [NKCA's latest paper](#), led by Clinical Fellow Raghav Varma, found strong agreement in treatment records between the national cancer waiting times dataset and routinely collected hospital datasets, which recorded treatment on the same day for nine of every ten patients. Strengths of both data sources can be harnessed in linked data to evaluate treatment timeliness, enabling more detailed assessments of specific treatments and better definition of the start of treatment pathways.