

National Kidney Cancer Audit



NKCA

National Kidney
Cancer Audit

Patient and Public Report

An audit of care received by people with kidney cancer between 1 January 2019 and 31 December 2023 in England and between 1 January 2022 and 31 December 2024 in Wales.



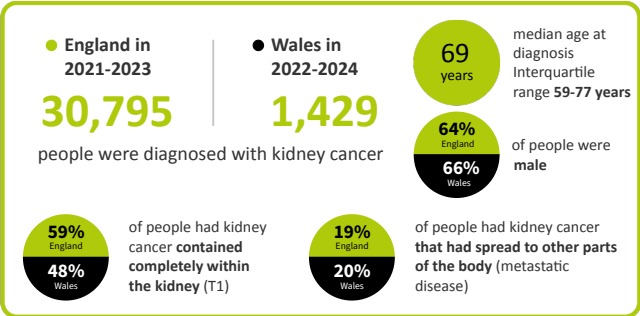
Kidney cancer care in England and Wales at glance

Summary of results for people diagnosed with kidney cancer in **England (2019-2023)** and **Wales (2022-2024)**

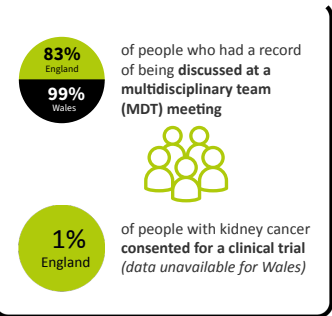


● England ● Wales

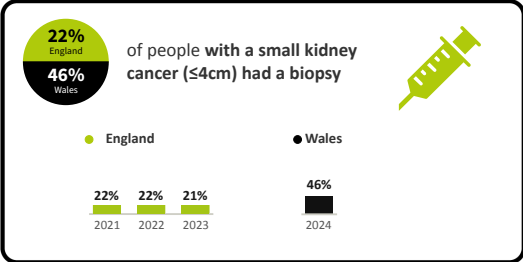
Diagnosis & Staging (England 2021-2023 and Wales 2022-2024)



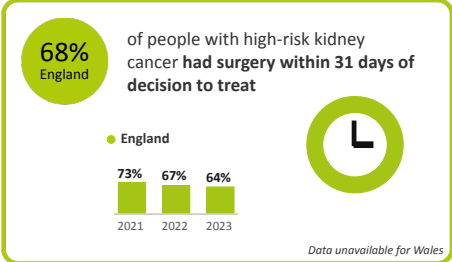
MDT (England 2021-2023 and Wales 2022-2024)



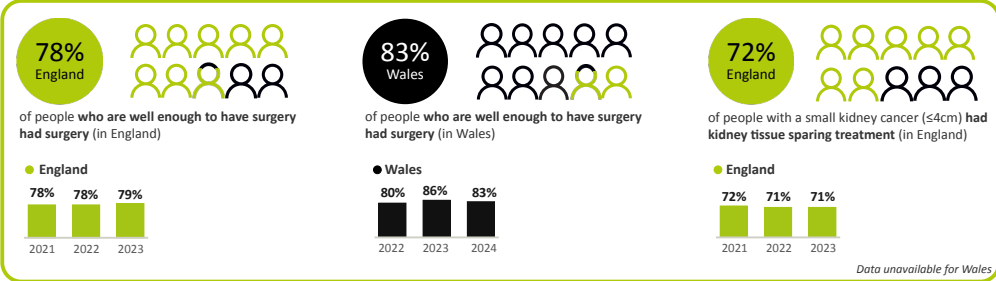
Renal Biopsy (England 2021-2023 and Wales 2024)



Timely Treatment (England 2021-2023)



Surgery (England 2021-2023 and Wales 2022-2024)



83% Wales

of people who are well enough to have surgery had surgery (in Wales)

● Wales

2022: 80%, 2023: 86%, 2024: 83%

72% England

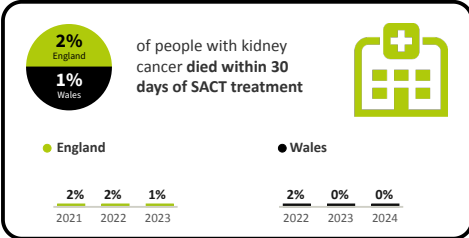
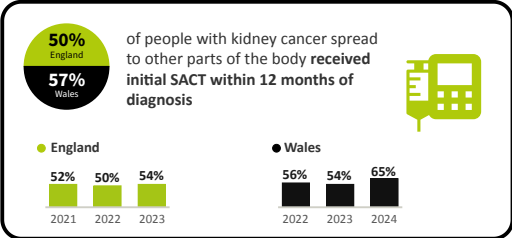
of people with a small kidney cancer (≤4cm) had kidney tissue sparing treatment (in England)

● England

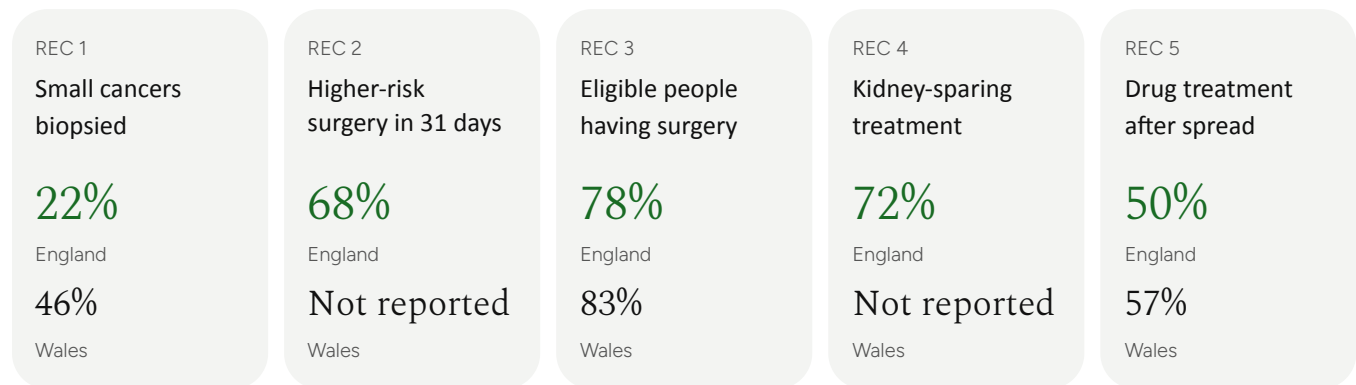
2021: 72%, 2022: 71%, 2023: 71%

Data unavailable for Wales

Systemic Anti-Cancer Therapy (England 2019-2023 and Wales 2022-2024)



Key findings



What is the National Kidney Cancer Audit?

Welcome to the National Kidney Cancer Audit (NKCA) Patient and Public Report 2026. The NKCA is delivered by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England.

The overall aim of the NKCA is to improve the quality of care for people with kidney cancer in England and Wales. The NKCA looks at the care, treatment and outcomes for kidney cancer patients treated in NHS hospitals in England and Wales.

The audit's specific objectives are to look at:

- 1 - Increasing the fairness in timely access to evidence-based kidney cancer services across England and Wales
- 2 - Increasing the use of kidney tumour biopsy
- 3 - Speed up treatment for patients with high-risk kidney cancer
- 4 - Reducing over-treatment and under-treatment of kidney cancer patients
- 5 - Increasing the use of anticancer therapy in suitable patients without severe side effects

Individual kidney cancer centres send information about their service to the national cancer registration databases, and we use this data to build a picture of what is happening in NHS kidney cancer services in England and Wales. More information about the NKCA can be found on our website <https://www.natcan.org.uk/audits/kidney/>.

We measure performance on the diagnosis and treatment of kidney cancer when we assess what kidney cancer services are providing for patients. The audit uses targets about how kidney cancer patients should be cared for and we can see if kidney cancer care in the NHS is getting better or worse compared to previous years.

This year, for the first time, the National Institute for Health and Care Excellence (NICE) has published a clinical guideline dedicated to kidney cancer ([NG256](#)) together with a quality standard ([QS215](#)), both on 19 March 2026. These set out what good kidney cancer care should look like. This report explains what the new guidance means for people with kidney cancer and how it links to the results the audit publishes.

A version of this document exists for doctors, surgeons, nurses and other healthcare professionals with more details, and this can be found on our website.

What is kidney cancer?

Kidney cancer is an abnormal growth of cells in the kidney. People diagnosed are often aged 59 to 77 (full range 18 to 105). It is found more often in men (64%) than women (36%).



THINGS THAT RAISE RISK

Obesity · Smoking · High blood pressure ·
Treatment for kidney failure · Family history

Symptoms

Sometimes there are no symptoms. There is currently no screening programme.

Blood in the urine

Sometimes visible, sometimes only found on a test.

A lump or swelling in the back

Usually on one side.

Loss of appetite

Feeling less hungry than usual, without another clear reason.

Unintentional weight loss

Losing weight without trying to.

Types of RCC

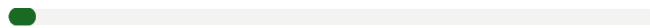
Clear cell 70–80%



Papillary 5–10%



Chromophobe 3–5%

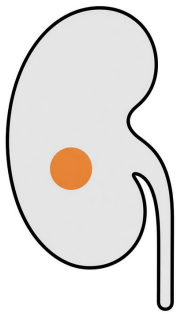


remainder 5–10%

How kidney cancer spreads

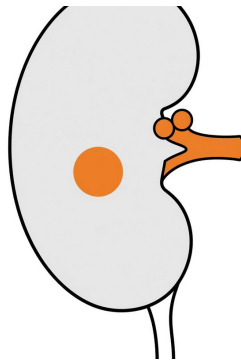
Doctors and nurses will talk about the stage of kidney cancer. This describes the size and any spread of the disease. Knowing the stage is important for deciding how to treat the cancer. The disease stages range from 1 to 4, with 1 being early stage and 4 being late stage. Many people with early-stage kidney cancer can be offered treatments that can cure the disease. Patient outcomes are usually much worse when the cancer is found at a late stage.

● Cancer



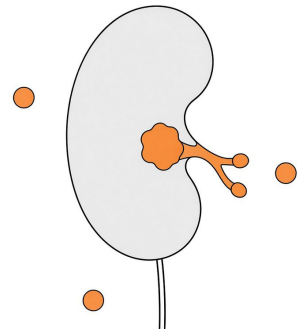
Kidney with a tumour inside

The cancer is still contained within the kidney. Stage 1 is 7 cm or smaller; stage 2 is larger than 7 cm.



Nearby vein and lymph nodes

The tumour has started to spread outside the kidney into the nearby major vein, and may have reached nearby lymph nodes.



Spread to other parts of the body

Cancer cells have travelled further away — this is metastatic, or stage 4, disease.

Stage 1

Contained, ≤ 7 cm

The cancer is contained within the kidney and is 7 cm or smaller. Many people at this stage can be offered treatments that aim to cure the disease.

Stage 2

Contained, > 7 cm

The cancer is larger than 7 cm but is still inside the kidney.

Stage 3

Nearby spread

The cancer has started to spread outside the kidney to the nearby major vein. It may also have reached nearby lymph nodes.

Stage 4

Distant spread

The cancer has spread to nearby tissues or organs, or to other parts of the body further away. Stage 4 can also be called late stage. Outcomes are usually much worse when cancer is found this late.

Multi-disciplinary team

CNS

Kidney Cancer

Nurse Specialist

A nurse with expert knowledge who offers support, information and advice through tests, diagnosis and treatment.

SURGEON

Urologist

A surgeon who specialises in the urinary system and operates on the kidney when surgery is needed.

CANCER DOCTOR

Oncologist

A doctor who plans and gives drug treatments such as immunotherapy and targeted therapy.

SCAN DOCTOR

Radiologist

A doctor who reads CT, MRI and ultrasound scans, and may carry out image-guided biopsies.

TISSUE DOCTOR

Pathologist

A doctor who looks at biopsies under a microscope to confirm the type and grade of the cancer.

How it is diagnosed

GP referral

Further tests after a visit to a GP with possible symptoms.

Emergency department

Attending A&E because symptoms need urgent care.

Incidental finding

Found during tests or a scan for another illness, sometimes called an accidental finding.

Doctors will sometimes take a biopsy of the tumour which means taking a small amount of the abnormal cells out to test them. This can be done using a needle through the skin into the kidney and tumour during a CT or ultrasound scan. A biopsy of the tumour can help to guide treatment choice for people with a small kidney cancer.

Kidney cancer is graded based on how abnormal the cancer cells appear under a microscope, which helps predict how aggressively the cancer may behave. The less the cancer cells look like normal kidney cells, the higher the grade. High-grade kidney cancers tend to grow quickly. They are more likely to spread to another part of the body.

Waiting time targets in England

62

From urgent referral to treatment

No more than 2 months (62 days) between the hospital receiving an urgent suspected cancer referral and the start of treatment.

31

From decision to treat to treatment

No more than 31 days between the meeting at which you and your doctor agree the treatment plan and the start of treatment.

How kidney cancer is treated

KIDNEY-SPARING

Partial nephrectomy

The surgical removal of the part of the kidney that contains the cancer. The goal is to take out the diseased portion while saving as much healthy kidney tissue as possible.

KIDNEY-SPARING

Thermal ablation

Used for small kidney cancers. Extreme heat or cold destroys the cancer cells without removing the kidney.

SURGERY

Radical nephrectomy

The surgical removal of an entire kidney. The adrenal gland on top of the kidney is left behind if it is not involved with the cancer.

DRUG TREATMENT (SACT)

Targeted therapy

Medicines designed to target specific growth signals of cancer cells. They treat cancer cells but have less effect on normal cells. Not every kidney cancer has a mutation that currently has a targeted treatment.

DRUG TREATMENT (SACT)

Immunotherapy

Uses the body's natural defences to recognise and attack cancer cells. People may be given one immunotherapy drug, or a combination of immunotherapy and targeted therapy.

Active surveillance

Monitoring

Closely monitoring small kidney cancer, with regular imaging scans rather than treating it straight away.

NICE

On 19 March 2026, NICE published its first clinical guideline written specifically for kidney cancer (NG256), together with a quality standard (QS215). The quality standard sets out six priority statements that describe what good kidney cancer care looks like. Three of these six priorities are already measured by this audit.

Another NICE priority is that everyone diagnosed with kidney cancer has access to a kidney cancer nurse specialist (CNS). To support this, the audit launched its first quality improvement project on the day the NICE guidance was published, aiming to make sure that every person diagnosed with kidney cancer is offered access to a CNS.

01 Offered a biopsy for a small kidney cancer

02 Surgery within 31 days of the decision to treat for higher-risk kidney cancer

03 Treatment options discussed by a specialist team when kidney cancer has spread

04 Everyone diagnosed with kidney cancer has access to a kidney cancer nurse specialist (CNS)

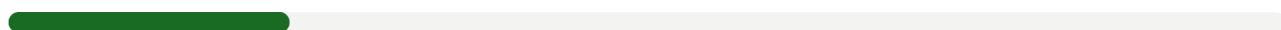
What the audit is asking services to do

RECOMMENDATION 1

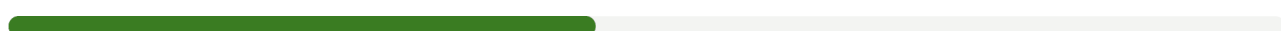
Offer a biopsy for small kidney cancers

Review people with a small kidney cancer who were not recorded as having a renal biopsy. Find barriers to timely tests and data recording, and make sure eligible people have the option of a biopsy to confirm the diagnosis and support shared decision making.

England 22%



Wales 46%



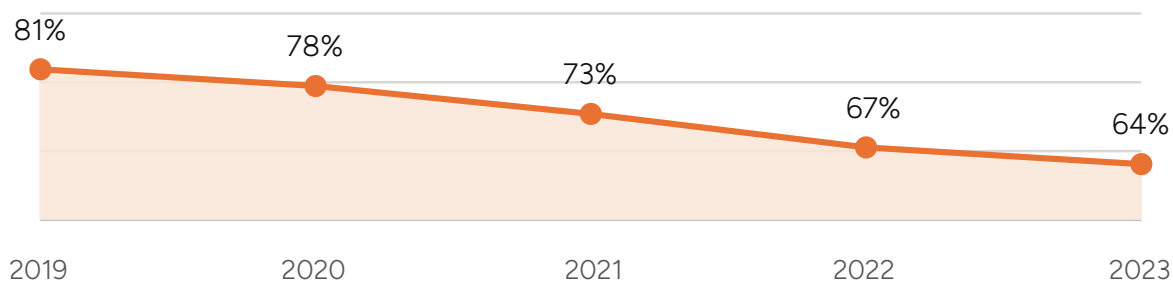
NICE: Adults with a suitable small kidney cancer should be offered a biopsy to help confirm the diagnosis and guide treatment, where a tissue sample can safely be taken.

RECOMMENDATION 2

Treat high-risk cancer within 31 days

Review pathways for high-risk renal cell carcinoma to understand delays. Prioritise these people over low-risk cases, treating them within 31 days from decision to treat in England and 21 days in Wales. 68% is the 2021 to 2023 average.

England 68%



English national average, radical nephrectomy within 31 days

NICE: Adults with high-risk kidney cancer that has not spread, and who are suitable for surgery, should have surgery that aims to cure the cancer within 31 days of the decision to treat.

Unable to report this performance indicator for Wales due to incomplete recording of the decision-to-treat date.

RECOMMENDATION 3

Offer surgery when it could treat the cancer

Identify and address reasons why people who could have surgery are not considered for it, and increase the number of eligible people assessed and treated.

England 78%



Wales 83%



NICE: Surgery should be offered for kidney cancers that have not spread to other parts of the body, including some complex kidney cysts, after scans and discussion at a specialist team meeting (MDT).

RECOMMENDATION 4

Prefer treatment that spares healthy kidney tissue

Ensure people with a small kidney cancer are discussed in specialist multidisciplinary team meetings so kidney-tissue sparing treatment is considered consistently.

England 72%



NICE: Treatment that spares healthy kidney tissue is preferred for small kidney cancers. Removing the whole kidney is kept for cases where the cancer cannot be fully removed with kidney-sparing surgery, or where lowering the risk of complications matters more than preserving kidney function.

Unable to report this performance indicator for Wales due to poor differentiation between T1a and T1b stages.

RECOMMENDATION 5

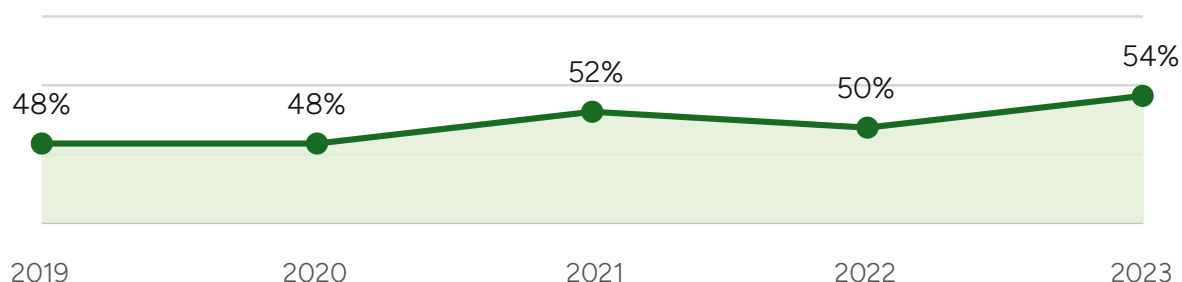
Offer drug treatment when cancer has spread

Ensure people whose kidney cancer has spread are seen by an oncologist with expertise in kidney cancer and receive systemic anti-cancer therapy (SACT) if appropriate.

England 50%



Wales 57%



English national average, SACT for cancer that has spread

NICE: Adults whose kidney cancer has spread to other parts of the body should have their treatment options discussed by a specialist kidney cancer team (MDT), so that everyone who is suitable can be considered for SACT.

Words used in this report

Biopsy. Removal of a small portion of the cancer or tumour, usually from the kidney but may also be from the liver, skin or other areas, to look at under the microscope. It is important for making a diagnosis.

CT scan. A procedure that uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside the body.

Cancer. A disease in which some abnormal cells grow uncontrollably and can spread to other parts of the body.

Curative-intent. Treatment that aims to remove all the cancer and therefore cure the disease.

Cancer Nurse Specialist (CNS). A nurse with expert knowledge and experience in cancer. They provide support, information and advice during kidney cancer investigations, diagnosis and treatment.

Immunotherapy. Uses our immune system to fight cancer by helping it recognise and attack cancer cells.

Magnetic Resonance Imaging (MRI). A procedure that uses radio waves, magnets and computers to make a series of detailed pictures of areas inside the body.

Metastatic disease (M1). Kidney cancer that has spread from the kidney to other parts of the body.

Multidisciplinary team (MDT). The team of healthcare professionals involved in the care and treatment of a person with cancer. This is usually where suitability for a clinical trial is discussed.

National Kidney Cancer Audit (NKCA). The NKCA assesses the quality of services and care provided to people with kidney cancer in England and Wales, using clinical information about every newly diagnosed patient and their outcomes.

Nephron-sparing treatment. Partial nephrectomy or thermal ablation — both treat the kidney cancer while preserving healthy kidney tissue.

National Institute for Health and Care Excellence (NICE). The independent organisation that produces evidence-based guidance and quality standards for health and care. In 2026, NICE published its first clinical guideline (NG256) and quality standard (QS215) for kidney cancer.

Partial nephrectomy. Surgical removal of the part of the kidney that contains the cancer, preserving as much healthy kidney as possible.

Radical nephrectomy. Surgical removal of an entire kidney. The adrenal gland on top of the kidney is left behind if it is not involved with the cancer.

Renal cell carcinoma (RCC). The most common type of kidney cancer in adults. Around 80 out of 100 kidney cancers are renal cell cancers.

Side effect. An unwanted effect of a drug or treatment.

Small kidney cancer. A growth in the kidney that measures 4 cm or smaller.

Systemic anti-cancer therapies (SACT). Medicine given to treat cancer. This can involve chemotherapy, immunotherapy and targeted therapies.

Targeted therapies. Medicines designed to target specific structural changes that occur in cancer cells and not in healthy cells.

Thermal ablation. Treatment of small kidney cancers using extreme heat or cold, including radiofrequency ablation (RFA), microwave ablation (MWA) and cryoablation.

Toxicity. Harm or side effects associated with treatment.

Tumour. A cluster of abnormal cells.

Upper tract urothelial cancer (UTUC). Cancer that starts in the upper urinary tract — the kidney pipe (ureter) and kidney lining (renal pelvis). This report does not cover UTUC.