

Public Health Evidence Report Following Engagement Activity

This form is to be completed by the Policy Working Groups Public Health Lead if stakeholders identify potential new evidence during policy development engagement activities. The Public Health Lead will assess the evidence raised to against the Population, Intervention, Comparator and Outcome (PICO) criteria and will record the studies in the appropriate boxes in the '*Outcome for studies suggested during engagement activities*' section of this form. In cases where newly identified evidence has a material impact please return the completed form to the Clinical Effectiveness Team (CET).

URN	2332
Policy title:	Stereotactic ablative body radiotherapy for localised, non-metastatic, medically inoperable renal cancer (adults)
CRG:	Radiotherapy
NPOC:	Cancer
Engagement activity	Stakeholder engagement
Date	5/1/26

Description of comments during engagement (If studies have been suggested please provide a list of references)	NHS England was asked to consider the findings and relevance to the policy of the following studies: • <i>Muhammad A, Kendrick K, et al. Low rate of severe-end-stage kidney disease after SABR for localised primary kidney cancer. Radiation Oncology. 2024; 19(1):23. doi: 10.1186/s13014-024-02413-w.</i> • <i>Tan V, Correa R, et al. Long-term renal function outcomes after stereotactic ablative body radiotherapy for primary renal cell carcinoma including patients with a solitary kidney: a report from the International Radiosurgery Oncology Consortium of the Kidney. 2024. Eur Urol Oncol. 2024; 7(6):1527-1534.</i>
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Action taken by Public Health lead	Reviewed the full text of the submitted papers against the existing Evidence Review and PICO to understand if it was new evidence and what if anything it contributed additionally to the evidence base, and whether it materially alters the conclusions of the existing evidence review.
Outcome for studies suggested during engagement activities	
1. Evidence already identified during the evidence review	None
2.New evidence identified by stakeholders that does not fall within PICO and search methodology	• <i>Muhammad A, Kendrick K, et al. Low rate of severe-end-stage kidney disease after SABR for localised primary kidney cancer. Radiation Oncology. 2024; 19(1):23. doi: 10.1186/s13014-024-02413-w.</i> This paper was published in 2024, after the search strategy was conducted. It is not clear how many patients were medically inoperable and results were not presented separately for patients with a single kidney.
3.New evidence identified by stakeholders that falls within PICO and search methodology but does not materially affect the conclusions of the existing evidence review	• <i>Tan V, Correa R, et al. Long-term renal function outcomes after stereotactic ablative body radiotherapy for primary renal cell carcinoma including patients with a solitary kidney: a report from the International Radiosurgery Oncology Consortium of the Kidney. 2024. Eur Urol Oncol. 2024; 7(6):1527-1534.</i> This paper was published in 2024, after the search strategy was conducted. This was a study of 190 patients at 12 international participating institutions. Patients were adults, with a diagnosis of non-metastatic renal cell carcinoma (RCC) treated with SABR. Data was collected either retrospectively or prospectively. 134 patients had bilateral kidneys but separate outcomes were not provided for medically inoperable patients (85/112) and so are not included here.

	56 patients had a solitary kidney and are considered medically inoperable in the PICO. Median follow up for these patients was 4.39 years (interquartile range, IQR, 3.54 – 5.51). Baseline characteristics are: • Average age 69.3 years • Male 79% • ECOG of 0-1 53 (96%) • T1a 57% (32) • T1b 41% (23) • Median tumour size 3.65cm (IQR 2.59 – 4.50cm). • Median total dose 25 Gy (IQR: 25 – 31 Gy) • Median number of fractions 1 (IQR: 1 – 2 fractions). Pre-SABR eGFR was 61.1 (SD23.2) ml/min. After SABR, an initial increase was observed in 23% (10/44) at 1 year. This reduced to 0% at 3 years and 5 years. eGFR decreased by -14.5 (SD7.6) ml/min at 5 years. 15% (7/48) developed post-SABR CKD and 3.6% (2/56) needed post-SABR dialysis. No outcome data was provided by tumour stage (T1a or T1b). The main limitation of this study was the absence of a comparator group and so it does not provide evidence of whether, for patients with a solitary kidney, SABR has better outcomes compared with other treatment options. Other important limitations include selection bias, information bias and generalisability. Overall, these findings are consistent with and do not materially change the findings of the previous evidence review.
4.New evidence identified by stakeholders that falls within PICO and search methodology, that does materially affect the conclusions of the existing evidence review. Updated evidence review	None

to be undertaken (to be agreed with CET)	
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Completed by:	Consultant in Specialised Commissioning
Date:	5/01/26