Fast-Track Pathway For Suspected Renal Cancers
North / North-East London Cancer Network

Suspected renal tumour
(e.g. finding on USS / MRI / single-phase CT)
These patients should have the following investigations before MDT referral, unless there is a very good reason

Triple phase (renal mass) CT

Unless:
• Young (<40), pregnant or contrast allergy – needs renal mass MRI protocol
• Renal failure – needs non-contrast renal MRI (with diffusion) +/- contrast USS

Must be reviewed by local consultant radiologist with experience in renal CT – they will decide if this needs SMDT referral

AML
AML pathway

Suspicious lesion
i.e. Solid lesion or cysts that are Bosniak 2f or higher

Chest CT for Bosniak 3/4 cysts + solid lesions
Non-contrast CT chest if renal failure
CT chest not required for Bosniak 2f cysts

Refer for review at Central Renal SMDT
With all relevant images and reports
Cases will not be reviewed without the external reports

See “Guidelines for the Use of MRI contrast in renal cancer” for advice regarding renal failure and use of MRI contrast agents

Other benign lesion
e.g. Bosniak 1/2 cyst, column of Bertin

Not for SMDT

Addendum to report
Document benign nature of lesion

Awaiting possibility of same-day CT slots at RFH

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