Renal cancer MDT review – imaging outcomes: North/North-East London Cancer Network

Review at central renal MDT
With all relevant images AND reports

- Definite primary tumour or Bosniak 3/4 cyst
  - Consideration for definitive treatment

- Bosniak 2f cyst
  - "2f Pathway"
    1) Lesion documented on central database (including reasons why lesion called 2f)
    2) 5-year imaging follow-up locally
    3) Annual imaging (locally) CT/MRI
    4) Local follow-up telephone clinic e.g. RF nurse-led f/u
    4) Referral back to MDT if any change in imaging

- Equivocal enhancement of lesion
  - Examples:
    - Too small to assess
    - 15—20 HU enhancement
  - Consider local USS
    If still equivocal:
    1) MRI
    2) Contrast USS (refer to sites which can perform this)

- Consideration for biopsy
- Possible renal vein / IVC involvement

- ? Upper tract TCC
  - Consider:
    - IVC MRI (with gated sequences)
  - Refer to T pathway

Indications:
1) Uncertainty re nature of lesion (e.g. lymphoma, metastasis, lipid-poor AML)
2) Prior to systemic therapy (i.e. metastatic)
3) Prior to ablative therapy
4) Prior to lesion surveillance (e.g. Small masses, lipid-poor AML, oncocytoma)