

Surveillance versus ablation for incidentally diagnosed small renal tumours: the SURAB feasibility RCT

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Plain English summary

The SURAB feasibility RCT

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Plain English summary

Most kidney tumours are small and are discovered by chance. Despite their small size, most of these tumours are cancerous. Most of these tumours grow very slowly and can be safely observed. Surgical removal of the diseased part (partial nephrectomy) is the standard treatment. Less invasive (ablative) procedures include radiofrequency ablation and cryoablation, which kill the cancer by heat generation or by freezing the cells, respectively. Ablative procedures do not require a long hospital stay but they may not kill the cancer completely in some cases. There was uncertainty as to whether or not, in reality, clinicians would ask their patients to participate in this trial and whether or not patients would agree. Therefore, we tried to carry out this trial to find out.

The key questions we asked were:

1. Are patients with kidney cancer willing to take part in a trial in which they will be offered either ablation or active monitoring (active surveillance)?
2. Are clinicians willing to approach their patients to take part in this study?

A small-scale study was conducted in eight centres in the UK to look at our ability to recruit these patients. Beforehand, we carried out a survey with (1) clinicians, to find out what type of patients they would consider suitable to enter into this trial, and (2) patients, to develop and test the information that will be provided.

Although 154 patients were approached, only 36 were eligible, six of whom participated in the study.

The study did not meet the criteria for progression, with the recruitment rate lower than expected. A full-scale trial is not currently possible. There were additional factors identified that had direct impact on patients not taking part in this trial, most of which can be potentially changed.

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