

Patient information

Renal Active Surveillance

What is Active Surveillance (AS)?

Active surveillance (AS), also known as active monitoring, is a treatment approach used for certain types of cancer, including kidney cancer. Instead of starting treatment immediately, AS uses regularly scheduled imaging tests—such as CT scans, ultrasounds, or MRIs—to closely monitor smaller kidney tumours over time. This allows doctors to delay or avoid surgery or other treatments that might come with risks or side effects.

What is the Difference Between AS and Patient Initiated Follow-Up (PIFU)?

While both AS and watchful waiting mean that no immediate treatment is given, they are not the same.

- **Active surveillance** involves a **structured plan** with regular scans, blood tests, and clinic appointments.
- **Patient Initiated Follow-Up** (also called observation or expectant management) is a **less intensive approach**. It usually means that tests or treatment are only done if the patient develops new symptoms.

Why is AS Considered?

AS is often chosen when a tumour is considered **low risk**, and the risks of treatment may outweigh the potential benefits. Modern imaging techniques have led to more frequent detection of small tumours—many found accidentally during tests for other issues. When these small kidney tumours are 4 cm or less in size, they are called **small renal masses (SRMs)**.

Studies show:

- **20–40% of SRMs are benign** (non-cancerous)

- Of the cancerous SRMs, **more than 70% are low risk**, with **less than a 5% chance** of spreading to other parts of the body

Unfortunately, current imaging and blood tests cannot always tell whether a tumour is benign or malignant. Even a biopsy, where a sample of the tumour is examined under a microscope, can be **inconclusive in 15–30% of cases**. Surgery was once the standard treatment, but because it carries its own risks, it may not always be the best first step—especially if the tumour turns out to be low-risk.

Out of 100 People with a Small Renal Mass (SRM):

- 20–30 people will have a **benign tumour**
- 70–80 people will have a **malignant tumour**
 - Of those, 50% will be **low risk**
 - Around 20% may be **high risk**

Who May Benefit from AS?

You may be offered active surveillance if you:

- Have a small tumour (2–4 cm) **confined to the kidney (Stage T1a)**
- Are in **poor general health** or recovering from another medical condition
- Have a **shortened life expectancy**, making surgery riskier than the tumour itself
- Have **impaired kidney function**, and treatment could lead to dialysis
- Have **hereditary kidney cancer syndromes** such as:
 - **Von Hippel-Lindau syndrome**
 - **Birt-Hogg-Dubé syndrome**
 - **Tuberous sclerosis**

These conditions increase the risk of multiple kidney tumours. AS can help track these over time to limit unnecessary surgeries. Treatment is usually recommended once a tumour grows to **3 cm or more**.
- Are taking **blood thinning medication** (e.g., due to heart stents), where surgery could increase bleeding risk
- Are **older and medically fragile**
- Are **experiencing or recovering from another serious health issue**
- **Prefer not to have surgery or treatment** at this time

How is Active Surveillance Carried Out?

Different hospitals and medical societies have slightly different AS guidelines. However, the core principles are the same:

- The plan must be **tailored to your medical history, health status, and preferences**

- At the start of AS, you'll need tests to check your kidney function and understand the tumour's baseline characteristics
- Blood tests (including creatinine and estimated glomerular filtration rate) may be repeated before each scan or less frequently depending on your condition
- It's important to follow the imaging schedule closely to detect any tumour changes early

WSH Standard AS Protocol:

- **Abdominal Imaging (CT/MRI/Ultrasound):**
 - Every **6 months for the first 1–2 years**, tailored to individual patients
 - Then every **12 months**

When Will AS Be Reassessed or Stopped?

If the tumour shows signs of growing or changing, your doctor may recommend moving from surveillance to active treatment. Key changes that may trigger a reassessment include:

- Tumour grows **more than 0.5 cm in a year**
- Tumour becomes **larger than 4 cm**
- Imaging shows **concerning changes** in the tumour
- Tumour progresses beyond **Stage T1a**
- Your **health changes** due to other conditions
- **You choose** to pursue treatment

Important: A recommendation to end AS does **not necessarily mean the tumour is dangerous**, but that it's changed enough to consider treatment options.

Is Active Surveillance Safe?

Yes, for many **patients**, AS is a safe and effective option, but kidney tumours vary greatly in their behaviour and there is still a very low risk of spread. Most **small renal masses grow slowly**—on average **0.2–0.3 cm per year**—and around **40% of them do not grow significantly over 3 years**, even if they are cancerous.

However, any diagnosis of a kidney tumour can understandably cause anxiety. Some people feel a strong urge to “get it out,” even if it may not be necessary. It's important to have open conversations with your doctor about your:

- Medical history
- Risk tolerance
- Emotional wellbeing
- Preferences and lifestyle

References

1. <https://www.kcuk.org.uk/kidneycancer/active-surveillance/>
2. [KCA Active Surveillance Guide](#)
3. Ray S, Cheaib JG, Pierorazio PM. Active Surveillance for Small Renal Masses. *Rev Urol.* 2020;22(1):9–16.
4. Patel HD et al. Surgical Removal of Renal Tumors with Low Metastatic Potential. *Urol Oncol.* 2019;37(8):519–24.
5. Rodger FE et al. Real World Outcomes of Biopsy-Proven Oncocytic Neoplasm. *BJUI Compass.* 2022;3(4):291–297.

For More Information

- [Kidney Cancer UK: Active Surveillance](#)
- [Cancer Research UK: Kidney Cancer Treatment](#)
- [Maggie's Centres – Kidney Cancer](#)

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