Letter to the Editor

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Re: "Selecting Patients with Small Renal Masses for Active Surveillance: A Domain Based Score from a Prospective Cohort Study"

Dear Editor of The Journal of Urology,

Sotimehin et al. have recently published the DISSRM score, a scoring system to aid in the selection of active surveillance as the management strategy for patients with small renal masses[1]. The authors define age, comorbidity index, tumour characteristics and functional status as parameters that can help select between conservative management and primary treatment of the renal lesion. We commend the authors, as such a tool is much needed to avoid overtreatment of this highly prevalent, mostly incidental, finding. However, in our opinion, the proposed nomogram is flawed and has limited practical value for the following reasons:

The DISSRM registry is an observational prospective registry that includes participants choosing active surveillance or primary intervention[2]. There is inevitable selection bias between management arms with such a study design. This is well depicted by the fact that a higher DISSRM score was associated with increased likelihood of choosing active surveillance and with higher likelihood of death of any cause. The choice of management for these registry participants has undoubtfully relied on clinician advice based on the current evidence on this topic, which is itself largely observational[3, 4]. Thus, the nomogram fails to offer new insights to the already established decision-making process.

In addition, tumour size was the only tumour characteristic included in this scoring system. While the authors note in the text that active surveillance was associated with smaller tumour diameters than primary intervention, in Figure 1 increasing diameters are associated with attribution of more points, and thus contribute towards higher likelihood of having a higher overall score, which is compatible with a preference towards choosing active surveillance[1]. This is certainly counter-intuitive, both in the context of this study and in the face of an increasing body of evidence that supports active surveillance as a primary management choice for lesions under 2cm[3].

Further, in addition to tumour size, histological diagnosis should also be considered an important tumour characteristic that can aid decision-making for patients with small renal masses. A diagnostic renal tumour biopsy indicating for example, an oncocytoma or indolent malignancy such as multilocular cystic tumour of low malignant potential, could influence pursuance of an active surveillance management strategy. The lack of systematic use of renal tumour biopsy within the DISSRM cohort is probably the reason why this factor was not included in the proposed nomogram.

We applaud the authors for pursuing an admirable cause to aid treatment selection. However, it is unfortunate that the presented DISSRM nomogram is very much influenced by the observational nature of the registry it relies on. The clinical utility of a scoring system to guide management strategy for patients with small renal masses will likely require prospective and randomised tool validation.

Yours respectfully,

Joana B. Neves
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Conflicts of Interest
None

References

1. Sotimehin, A. E., Patel, H. D., Alam, R. et al.: Selecting Patients with Small Renal Masses for Active Surveillance: A Domain Based Score from a Prospective Cohort Study. J Urol, **201:** 886, 2019
2. Pierorazio, P. M., Johnson, M. H., Ball, M. W. et al.: Five-year analysis of a multi-institutional prospective clinical trial of delayed intervention and surveillance for small renal masses: the DISSRM registry. Eur Urol, **68:** 408, 2015
3. Campbell, S., Uzzo, R. G., Allaf, M. E. et al.: Renal Mass and Localized Renal Cancer: AUA Guideline. The Journal of Urology, **198:** 520, 2017

4. Ljungberg, B., Albiges, L., Abu-Ghanem, Y. et al.: European Association of Urology Guidelines on Renal Cell Carcinoma: The 2019 Update. European Urology, **75:** 799, 2019