

Dear Editor,

We read with interest and concern the recent study by Shah et al.¹ which provides further compelling evidence of overtreatment of small renal masses. After analysis of the National Cancer Database from 2010 to 2014, they reported on contemporary practice in the management of 52 804 patients with T1a renal lesions. Surgery was the primary treatment option. While utilisation of active surveillance and robotic partial nephrectomy increased over the study period considered, the former saw a 25% utilisation increase compared to an 82% utilisation increase of the latter. More importantly, in older patients and with more comorbidities the utilisation of robotic partial nephrectomy had increased by 98% and 92% respectively from 2010 to 2014.

Current guidelines recommend surgery, particularly nephron sparing options, as the mainstay treatment for renal cancer². Partial nephrectomy is associated with a higher complication rate than radical nephrectomy, thermal ablation or active surveillance³. Recent guidelines specific to the management of small renal masses advise the use of active surveillance in elderly patients or those with competing health risks and the use of thermal ablation whenever complete ablation can be achieved². Thus, any of these two management options would present as less morbid options that should be increasingly offered to elder and more frail patients.

Unfortunately, analysis of overall and cancer-specific mortality, or indeed treatment-related complications, was not contemplated in the published study. Supportive evidence of potential harm from overtreatment is therefore lacking. Perhaps re-analysis of the data, when follow up and survival outcomes mature, may offer further insight.

None-the-less, this important study by Shah et al.¹ demonstrates that overtreatment of T1a lesions is manifest and unequivocal among the elderly and those with comorbidities. Given that the incidence of kidney cancer is predicted to continue to increase, this article surely adds to the growing body of concern⁴. As the evidence continues to accumulate, we hope that it results in disruptive clinical practice, which in turn may translate into better management outcomes for this patient population.

Finally, this analysis is specific to the United States of America, where the diffusion of robotic technology was rapid and widespread and is likely a reflection of the nature of the health service provision in this country. It would be interesting to evaluate if the same trend is observed in publicly funded services that have also adopted robotic surgery such as the National Health Service in the United Kingdom.

References

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