
# Letter to the Editor-Active Surveillance for Biopsy Proven Renal Oncocytomas: Outcomes and Feasibility

Adio Kokayi , Hannah Warren , Maxine Tran

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**Authors:** Adio Kokayi[a], Hannah Warren[b,c], Maxine Tran[b,c]

1. Department of Urology, Lewisham & Greenwich NHS Trust, UK
2. UCL Division of Surgery and Interventional Science, 9th Floor, Royal Free Hospital, London, NW3 2QG, UK
3. Specialist Centre for Kidney Cancer, Royal Free London NHS Foundation Trust, UK

**Corresponding author:** m.tran@ucl.ac.uk; +442080168121; Address B

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**Letter to the Editor**-Active Surveillance for Biopsy Proven Renal Oncocytomas: Outcomes and Feasibility

We welcome this contribution to the growing body of evidence demonstrating the safety of active surveillance (AS) for biopsy-proven renal oncocytomas. The low median growth rate of 2.4 mm/year reported in this work is in keeping with our own series( 1) and that of others(2,3), in which no patient has developed metastases or disease-related mortality during median follow up of 29-34 months.

A recent international survey of urologists demonstrated wide variation in management for biopsy-proven oncocytomas, particularly for younger, less morbid patients with longer life expectancy(4). This uncertainty is reflected by the high conversion rate to definitive management with surgery or ablation reported in this study (27%). This is higher than the delayed intervention rate (19%) reported by the DISSRM study (5) despite reassuring growth dynamics of <4mm/year and known benign histology. Younger age and lower Charlson Comorbidity Index were identified as risk factors for conversion to active treatment. However, despite this subgroup being 'a fitter' population, 13% suffered significant complications including pulmonary embolism and duodenal fistula. Impact on renal function was not reported in this series.

An ongoing concern highlighted by the authors surrounds the misdiagnosis of hybrid tumours and chromophobe renal cell carcinoma on biopsy, as was the case for one patient

in their series. This particular case had the highest growth rate of 1.1cm/year, although actual tumour size was not reported. The indolent nature of hybrid oncocytic/chromophobe tumours together with the documented safety of active surveillance as the initial management for small renal tumours (with the exception of FH-deficient RCC) even in young patients(5), and the known major complication rate of surgical or ablative intervention makes it increasingly difficult to justify invasive management of this benign entity.

We look forward to the authors reporting on their longer-term outcomes as their series matures.



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