

AUTHOR'S REPLY

Reply to: Laguna PM. What matters when selecting candidates for renal ablation: tumor size or patient's condition? Cent European J Urol. 2015; 68: 137-138, and: Cumpanas AA. Can robotic partial nephrectomy replace the ablative techniques in the treatment of small renal masses? Cent European J Urol. 2015; 68: 139.

Kelly T. Harris, Mark W. Ball, Phillip M. Pierorazio

The James Buchanan Brady Urological Institute and Department of Urology, Johns Hopkins University School of Medicine, Baltimore, MD, USA

We agree with the comments by Laguna [1] and Cumpanas [2]. While our manuscript [3] focused on radiographic tumor features as criteria for percutaneous ablation, the choice to ablate or undergo surgical resection is also driven by patient characteristics. For poor surgical candidates, ablation remains an option, however it has been shown to have inferior oncologic outcomes compared to extirpative management [4]. For this population, active surveillance may achieve similar oncologic outcomes without the need for surgical management. Our group recently

showed that in carefully selected patients, oncologic outcomes are equivalent between active surveillance and intervention [5].

The management of small renal masses highlights the need for individualized consideration of tumor characteristics in the context of patient characteristics and preferences. Active surveillance is emerging as a safe and reliable option for patients who do not desire or cannot tolerate immediate extirpative management, but who are seeking oncologic control similar to that of partial or radical nephrectomy.

References

1. Laguna PM. What matters when selecting candidates for renal ablation: tumor size or the patient's condition? Cent European J Urol. 2015; 68: 137-138.
2. Cumpanas AA. Can robotic partial nephrectomy replace the ablative techniques in the treatment of small renal masses? Cent European J Urol. 2015; 68: 139.
3. Harris KT, Ball MW, Gorin MA, Allaf ME, Pierorazio PM. Outcomes of partial nephrectomy in patients who meet percutaneous ablation criteria. Cent European J Urol. 2015; 68: 132-136.
4. Campbell SC, Novick AC, Beldegrun A, et al. Guideline for management of the clinical T1 renal mass. J Urol. 2009; 182: 1271-1279.
5. Pierorazio PM, Johnson MH, Ball MW, 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. 2015. doi: 10.1016/j.eururo.2015.02.001 [Epub ahead of print]. ■