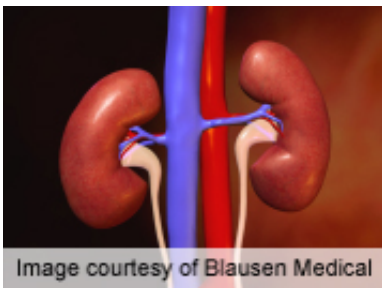


'Watch and wait' approach often best for older patients with kidney cancer

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Study finds small tumors often grow so slowly as to pose little threat, so surgery may not be needed.

(HealthDay)—Sometimes, simply watching and waiting is a safe alternative to surgery for older patients with small kidney tumors, a new study suggests.

"Physicians can comfortably tell an elderly patient, especially a patient that is not healthy enough to tolerate [general anesthesia](#) and [surgery](#), that the likelihood of dying of [kidney cancer](#) is low and that kidney surgery is unlikely to extend their lives," study lead author Dr. William Huang, an assistant professor of urologic oncology at NYU Medical Center, said in a news release from the [American Society of Clinical Oncology](#) (ASCO).

The findings are to be presented Saturday at an ASCO conference in

New York City. Research presented at medical meetings is typically considered preliminary until published in a peer-reviewed journal.

In their study, Huang's team analyzed data from more than 8,300 patients aged 66 and older who were diagnosed with small kidney tumors (less than 1.5 inches in diameter). Of those patients, 70 percent had surgery to remove either a part of the kidney or the entire organ and 31 percent underwent surveillance with imaging such as MRI, ultrasound and CT.

Over nearly five years of follow-up, 25 percent of the patients died from all causes and three percent of the patients died of kidney cancer. The rates of kidney [cancer death](#) were the same for patients who had surgery and those who underwent surveillance.

However, the study found patients in the surveillance group had a much lower risk of death from any cause, as well as a lower risk of having [cardiovascular problems](#) such as [heart failure](#), stroke or vascular disease.

Huang stressed, however, that some patients may still prefer a surgical approach. "Since it is difficult to identify which tumors will become lethal, [elderly patients](#) who are completely healthy and have an extended [life expectancy](#), may opt for surgery," he explained.

The researchers also found that the percentage of patients with small kidney tumors who were managed with surveillance increased between 25 percent to 37 percent from 2000 to 2007. This suggests that doctors are becoming more aware that small kidney tumors may not pose a threat, even if they are cancerous, the study authors said.

Two experts working with kidney cancer patients agreed that a "watch and wait" approach may be suitable for some patients.

The study "reaffirms the growing understanding that small [kidney] masses are relatively slow growing and generally pose only a small risk especially in the elderly population," said Dr. Manish Vira, director of the fellowship program in urologic oncology at North Shore LIJ's Arthur Smith Institute for Urology, in Lake Success, N.Y.

However, he noted that "although the risk is small, it is not zero as demonstrated by the finding that 3 percent [of the patients in the study] died of kidney cancer."

"It would interesting to look at these patients to determine if there are specific risk factors that predict more aggressive behavior of these small masses," Vira said. "This would allow physicians to target treatment for those patients with small [kidney] masses who are at higher risk."

Dr. Matthew Galsky is director of genitourinary medical oncology at the Tisch Cancer Institute at Mount Sinai School of Medicine, in New York City. He said prior studies "have shown that small [kidney tumors](#) that are not removed grow relatively slowly (approximately 0.3-0.4 centimeters per year) and in one series, only 1 percent of such tumors spread to other places in the body."

Galsky said the new study did have some limitations— it was retrospective, looking over past data rather than the "gold standard" prospective form of trial—and the methods of surveillance (such as scans) for the patients who did not get surgery was not made clear.

Nevertheless, he said, the findings, "should allow clinicians and patients to feel more comfortable about surveillance, particularly for the 'oldest old' and those patients with multiple [other health conditions] that would make surgery especially high risk."

More information: The National Kidney Foundation has more about

[kidney cancer](#).

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