

# Less radical procedures offer similar cancer control for kidney cancer patients

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Needle-guided tumor destruction procedures offer near equivalent lengths of local cancer control compared to surgery for patients with small kidney cancer tumors, according to the results of a large study published in the journal *European Urology*. "If validated, these data suggest that an update to clinical guidelines would be warranted," says the study's lead author, R. Houston Thompson, M.D., a Mayo Clinic urologist.

Dr. Thompson says radical nephrectomy – surgical removal of the entire kidney – has historically been the standard of care for management of kidney cancer; however, partial nephrectomy – surgical removal of tumors from a kidney while sparing healthy tissue –has become increasingly more common because of its nephron-sparing benefits and similar cancer control. The nephron is the part of the kidney that filters out toxins from the blood.

"We undertook this study because direct comparisons of outcomes among patients with kidney cancer who have received partial nephrectomy (PN), radiofrequency ablation (RFA) – tumor destruction using intense heat and cryoablation – [tumor](#) destruction using extreme cold – are lacking, especially from institutions that routinely perform all three of these procedures," Dr. Thompson says.

Researchers studied a total of 1,803 patients. Among patients with tumors 4 cm or less, 1,057 patients received PN, 180 received RFA and 187 received cryoablation. Recurrence-free survival was similar among

the three treatment groups, while metastases-free survival was significantly better for patients who received PN and cryoablation when compared with patients who received RFA. For the 379 patients with 4 cm tumors, lengths of recurrence-free and metastases-free survival were similar between PN and cryoablation. In that group, 326 underwent PN and 53 received cryoablation.

"Cryoablation and RFA have traditionally been thought to provide inferior outcomes compared with surgical removal. Our results of near equivalent success, if correct, should encourage further investigation of these treatment modalities among [patients](#) with early stage [kidney cancer](#)," Dr. Thompson says.

Provided by Mayo Clinic

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