

X-rays have low diagnostic yield for pulmonary metastases

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(HealthDay)—For patients treated for T1a renal cell carcinoma, chest X-

rays have low diagnostic yield for detecting pulmonary metastases, according to a study published in the August issue of *The Journal of Urology*.

Noah E. Canvasser, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues examined the usefulness of chest X-rays for T1a [renal cell carcinoma](#) surveillance. A total of 258 patients with T1a renal cell carcinoma were treated with [partial nephrectomy](#), [radical nephrectomy](#), or radio frequency ablation, with surveillance follow-up. Demographics, pathological findings, and surveillance records were identified during retrospective chart review. The incidence of asymptomatic pulmonary recurrences diagnosed by chest X-ray was the primary outcome.

The researchers found that three patients developed pulmonary metastases, but standard chest X-ray surveillance diagnosed only one case. Each patient completed a mean of 3.3 surveillance chest X-rays during a median follow-up of 36 months. There was no significant difference in the recurrence rate for partial nephrectomy, radical nephrectomy, or [radio frequency ablation](#) (zero, zero, and one cases, respectively; $P = 0.09$).

"Chest X-rays are a low yield diagnostic tool for detecting pulmonary metastasis in patients treated for T1a renal cell carcinoma," the authors write. "Treatment mode does not appear to influence the need for chest X-ray surveillance."

More information: [Abstract](#)
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