

Active surveillance

Pernilla Sundqvist

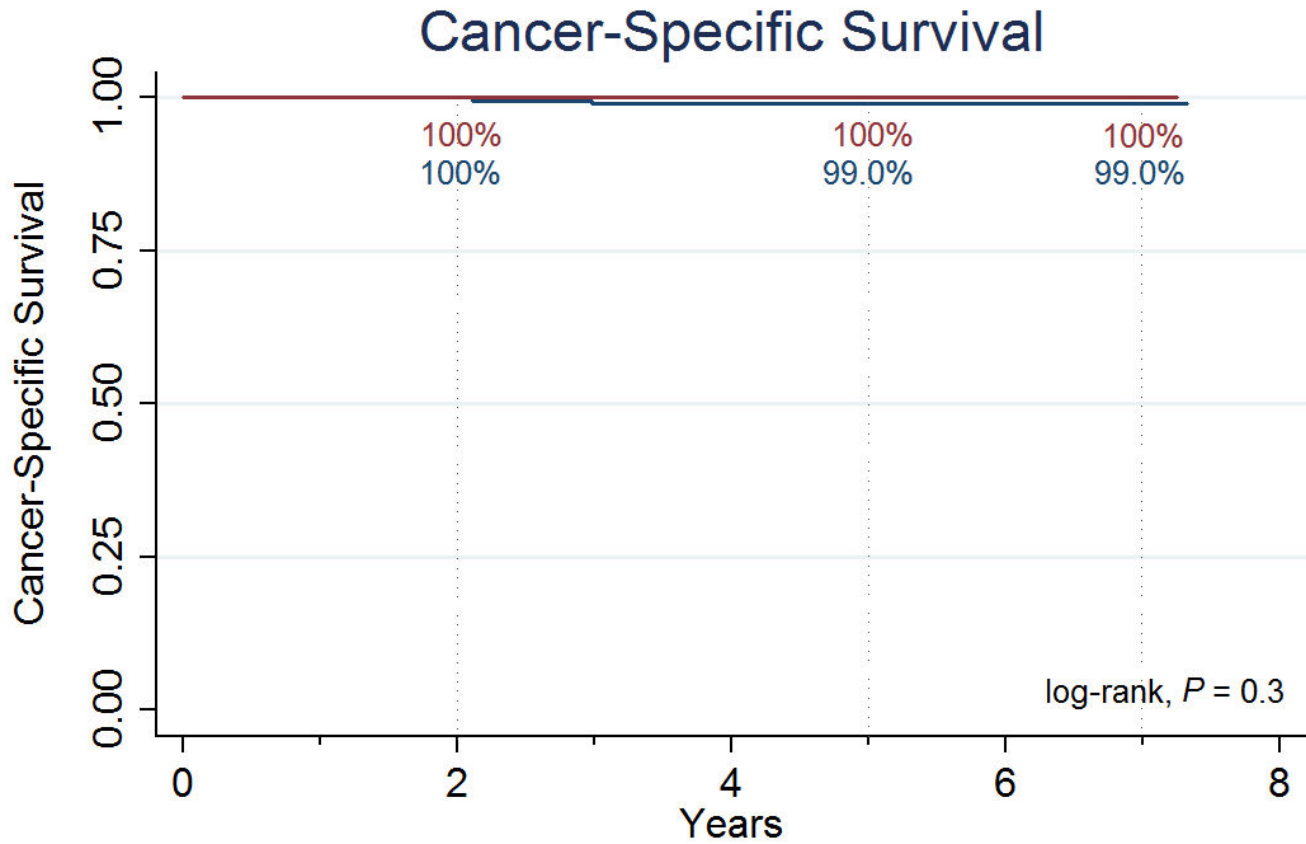
Conservative treatment of Small Renal Masses ($\leq 4\text{cm}$)

- Active surveillance: treatment when progression
- Delayed treatment: initial surveillance followed by treatment
- Expectancy: no treatment even if progression

The goals for conservative treatments

1. preventing stage progression
2. maintaining renal function
3. avoiding the potential risks of treatment when it is unlikely to provide an oncologic or survival benefit

Survival is excellent

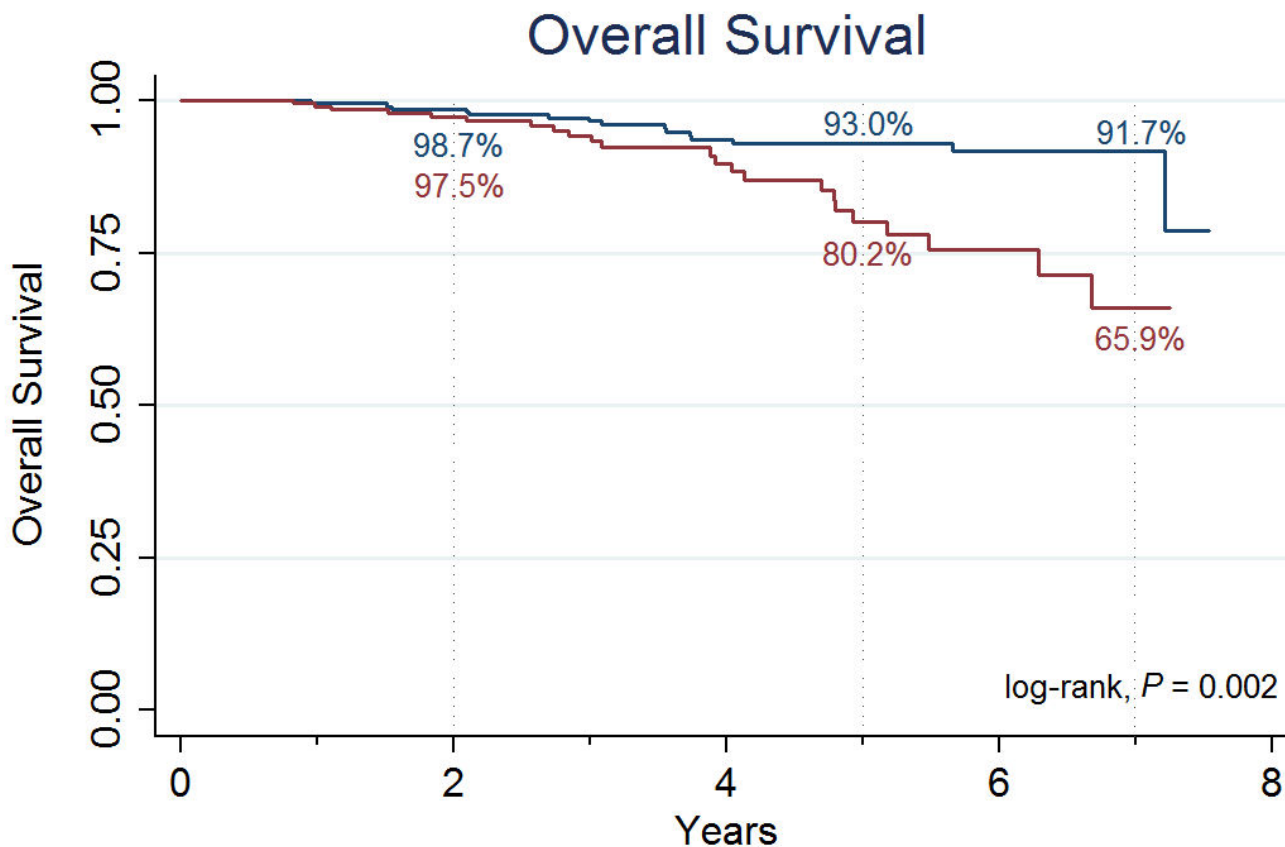


Number at Risk		0	2	4	6	8
Primary Intervention	255	214	145	65		
Active Surveillance	288	157	68	23		



(Pierorazio, Johnson et al. 2015)

Overall survival

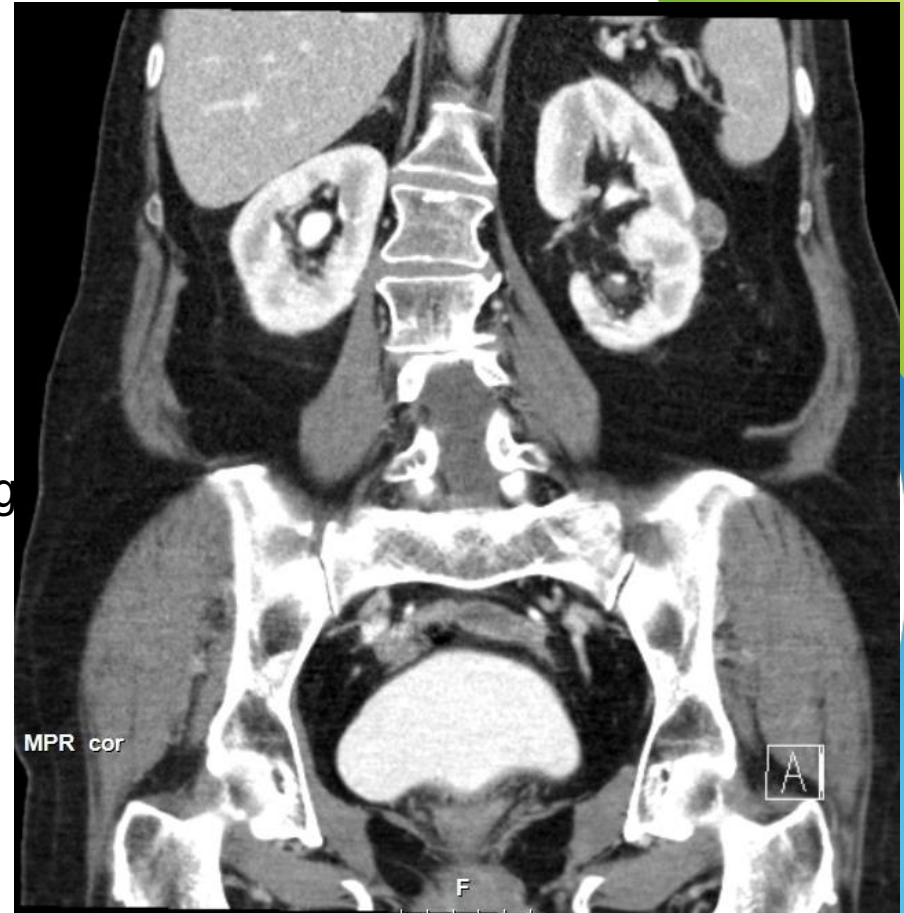


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Small Renal Tumours

- Overdiagnosis
- Underutilization of biopsies
- Overtreatment
 - Surgical complications
 - Renal function deterioration following surgery
 - Competing health risks
- Underutilization of active surveillance



Choosing wisely

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other health provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier food or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

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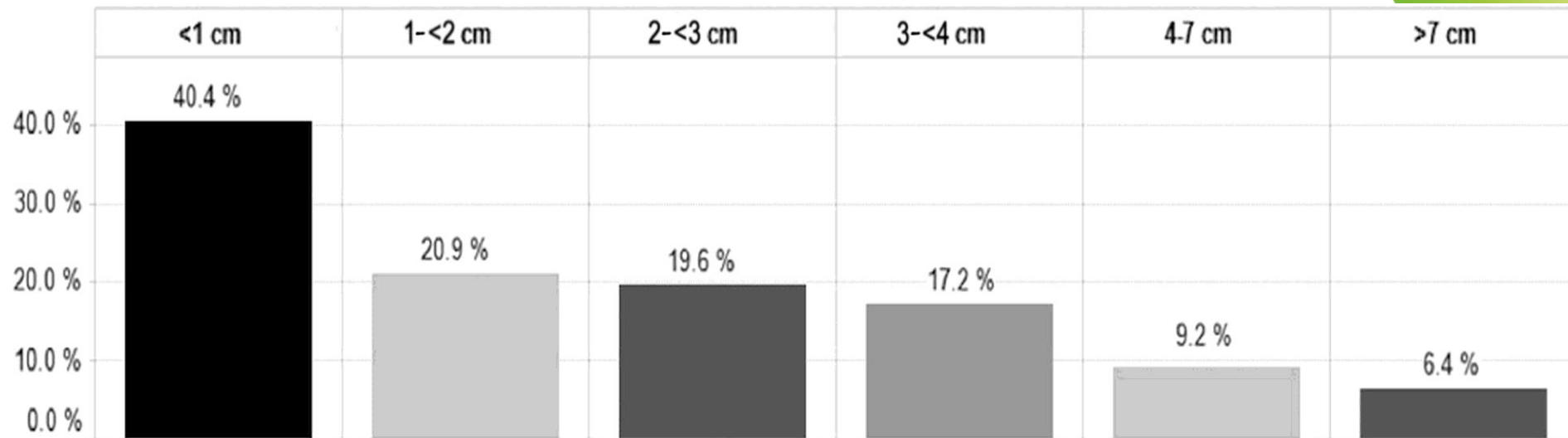
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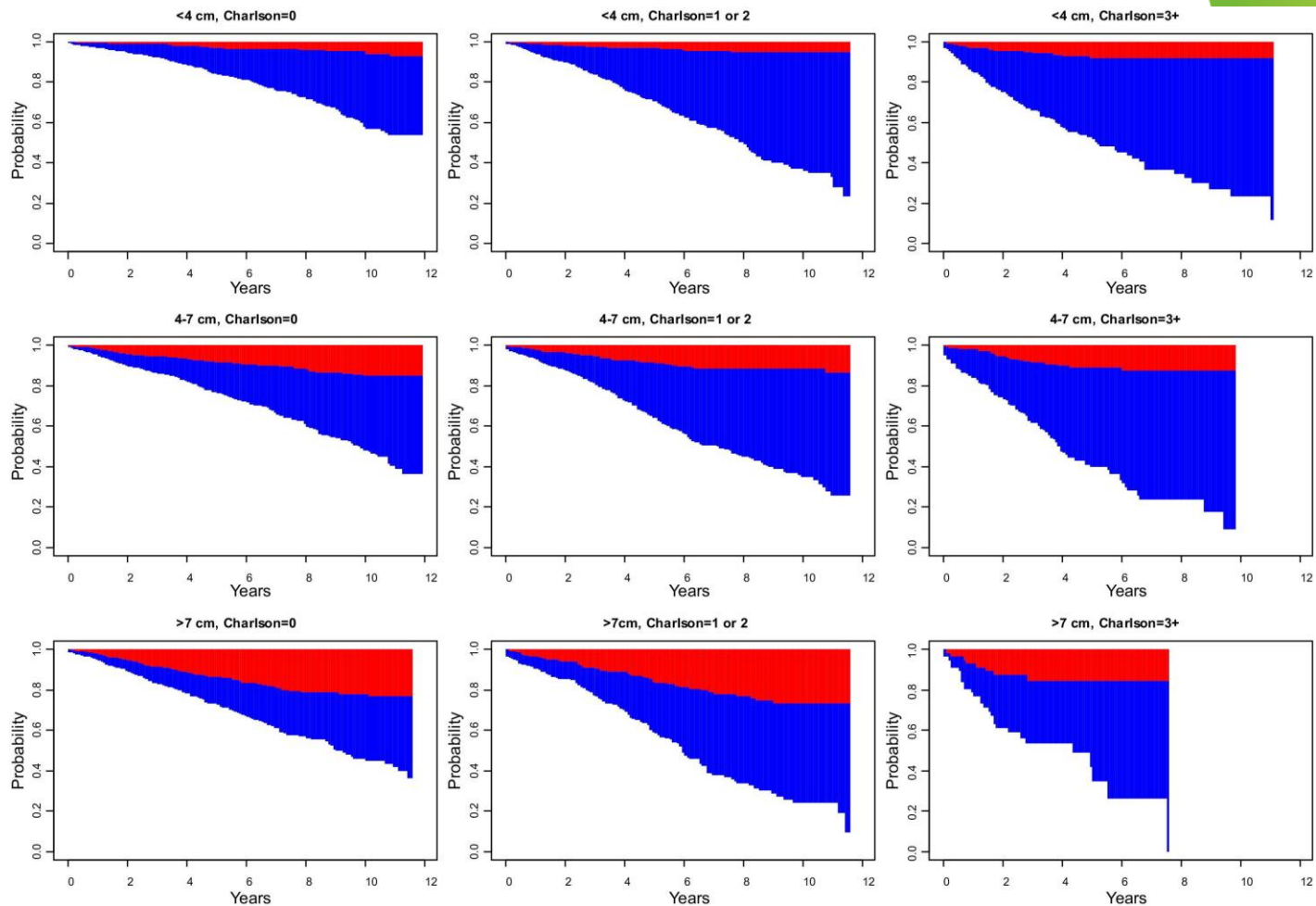
FOUR QUESTIONS TO ASK MY CLINICIAN OR NURSE TO MAKE BETTER DECISIONS TOGETHER

1. What are the **B**enefits?
2. What are the **R**isks?
3. What are the **A**lternatives?
4. What if I do **N**othing ?

Benign pathology vs tumour diameter



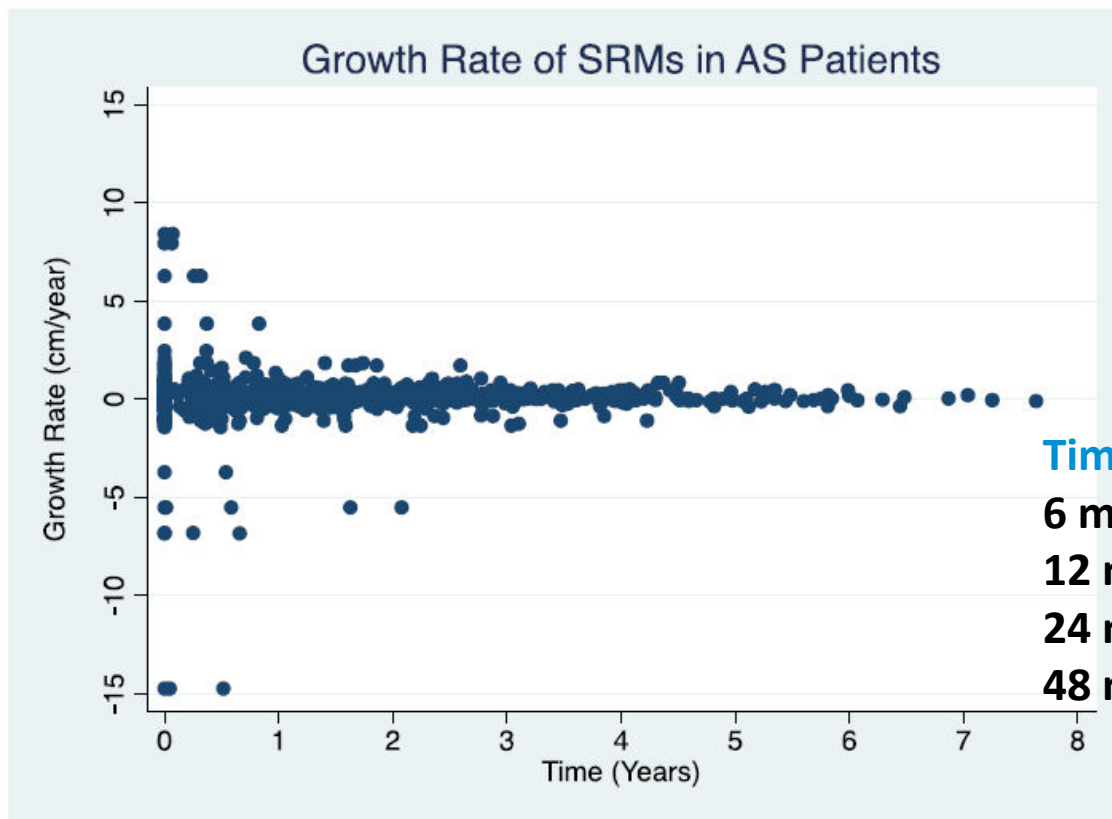
(Johnson, Vukina et al. 2015)



Competing Risks of Death in Patients with Localized Renal Cell Carcinoma: A Comorbidity Based Model

Alexander Kutikov,* Brian L. Egleston,* Daniel Canter, Marc C. Smaldone, Yu-Ning Wong and Robert G. Uzzo†

Tumour growth rate in DISSRM-study



Time	Mean GR (cm/year)	SD
6 months	0.22	±0.57
12 months	0.12	±0.38
24 months	0.13	±0.27
48 months	0.09	±0.25

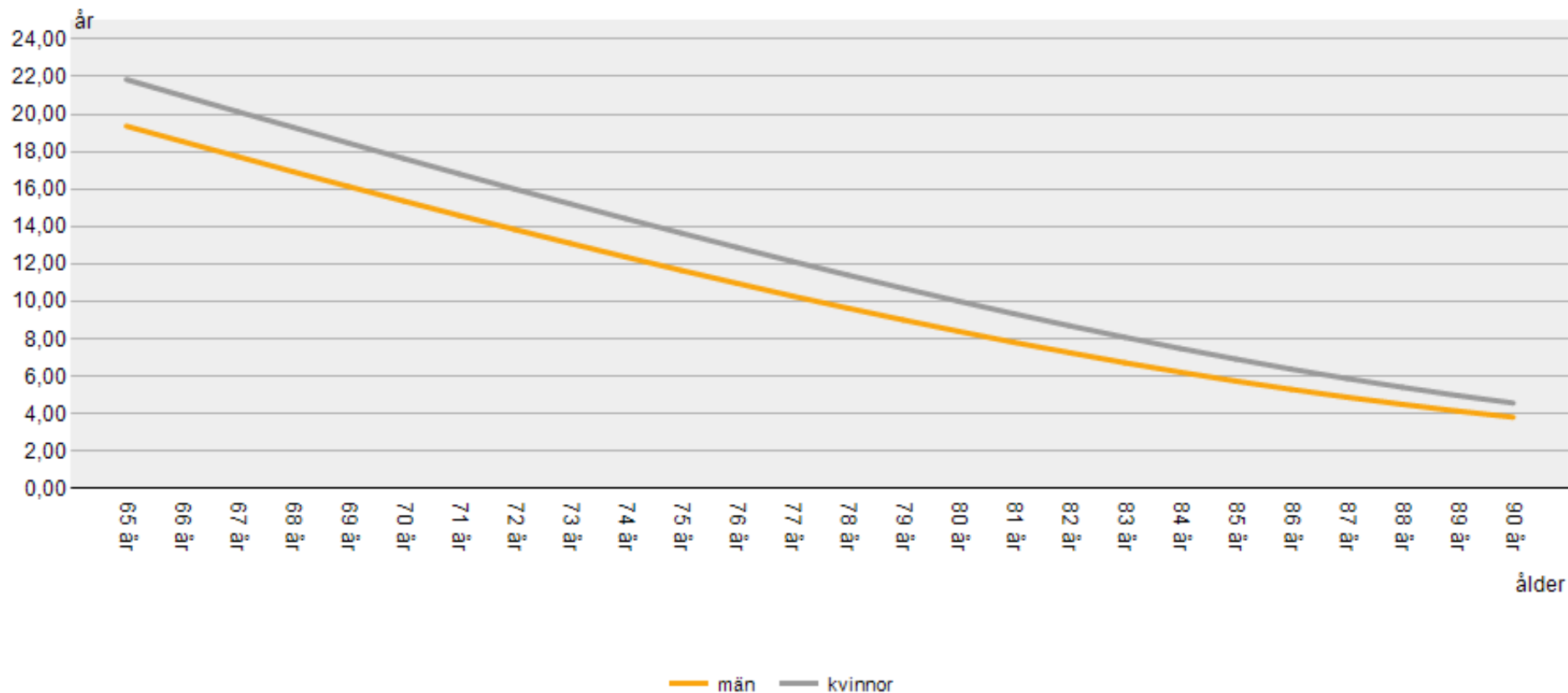
(Uzosike, Patel et al. 2017)

On observation

- 5-73% shows zero growth, 23% in metaanalyses
 - None of these develop M+
- Progression 4-64% , 16% in modern series
- Delayed intervention 10-24 % after initial AS
- 0-1 (2)% develop metastases
- This applies for younger patients as well
- Ristau 2017, Danzig 2016, Metcalf 2023

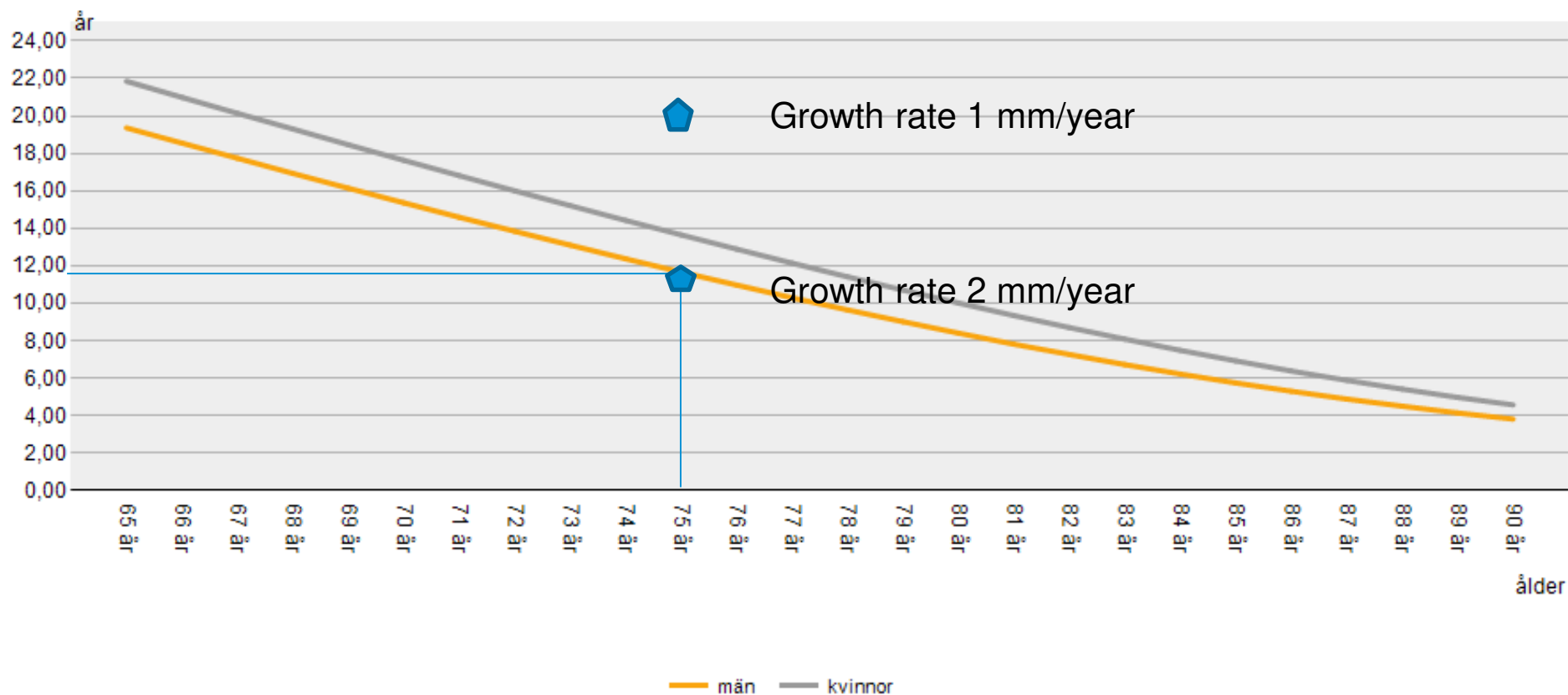
Expected remaining life in years

Återstående livslängd efter kön, ålder och år

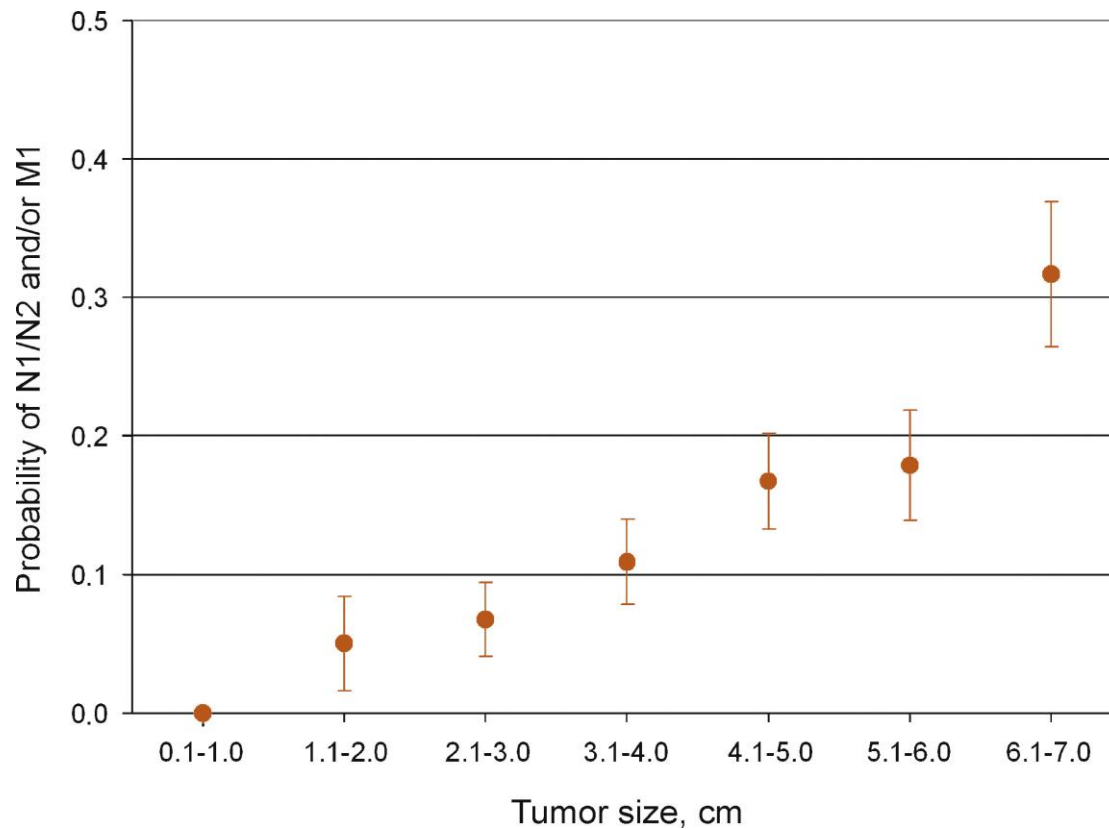


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Metastatic disease vs tumour size



(Guethmundsson, Hellborg et al. 2011)

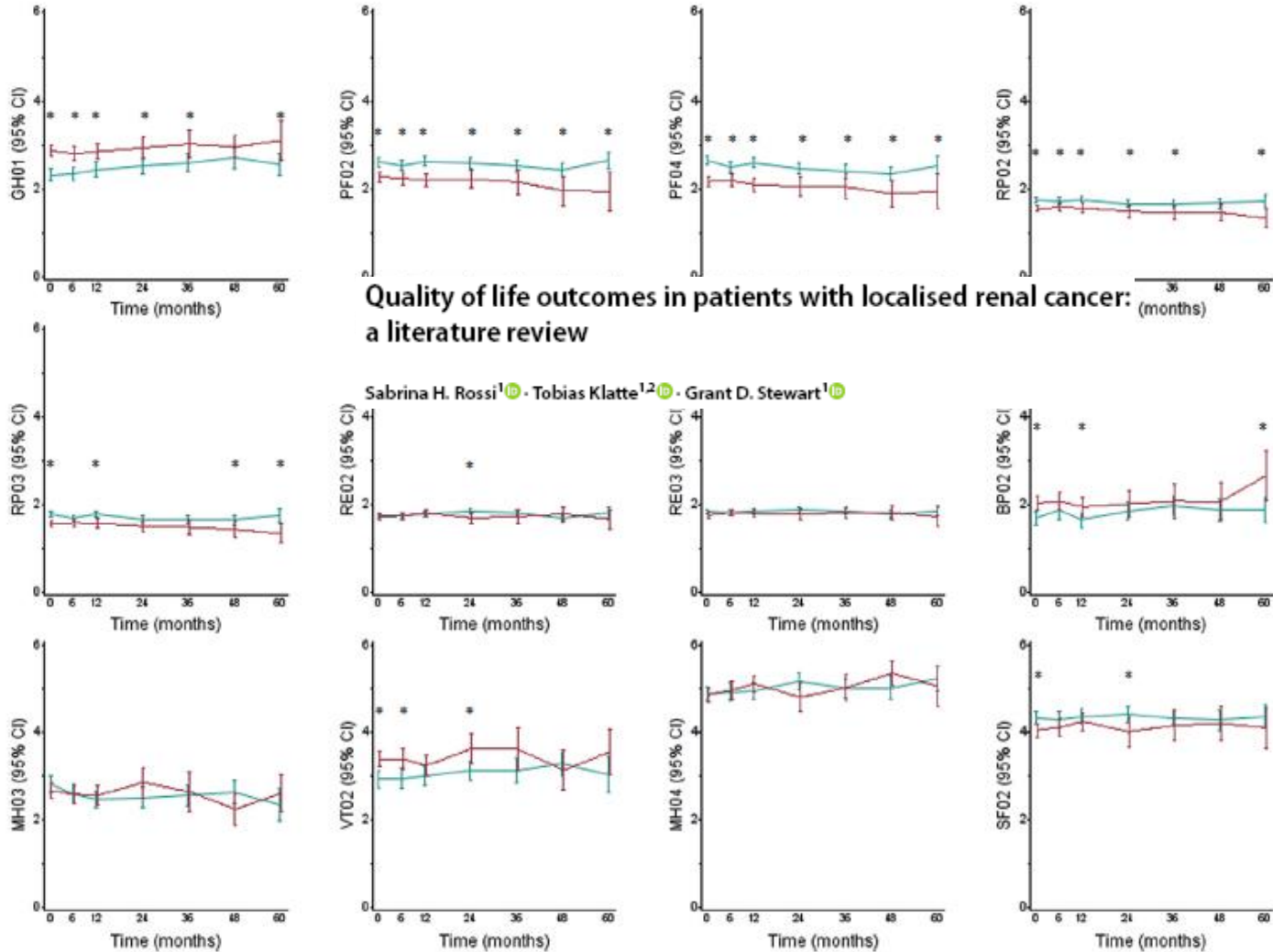
Active surveillance protocol

- No well-defined protocols
 - To avoid metastatic disease
 - To avoid symptomatic disease
 - To avoid over treatment

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- In practice:
 - Imaging every 6 months until 2 years, then yearly
 - Progression
 - >4cm (or 3cm)
 - Growth rate, 0.5 cm /yearly of linear growth rate
 - When in doubt: biopsy

QoL do not deteriorate during AS





Fear of cancer is the same during AS as after treatment

ACTA ONCOLOGICA
2024, VOL. 63, 573–579
<https://doi.org/10.2340/1651-226X.2024.40418>



ORIGINAL ARTICLE

A comparative analysis of fear of cancer recurrence in patients with small renal masses: Active surveillance versus cryoablation

Rasmine Bak^a, Theresa Junker^{b,c,d}, Jørgen B. Jensen^{a,e}, Tau Pelant^f, Rikke N. Haase^g, Robert Zachariae^{h,i} and Tommy K. Nielsen^{a,g}

Quality of life outcomes in patients with localised renal cancer: a literature review

Sabrina H. Rossi¹ · Tobias Klätte^{1,2} · Grant D. Stewart¹

Take home message

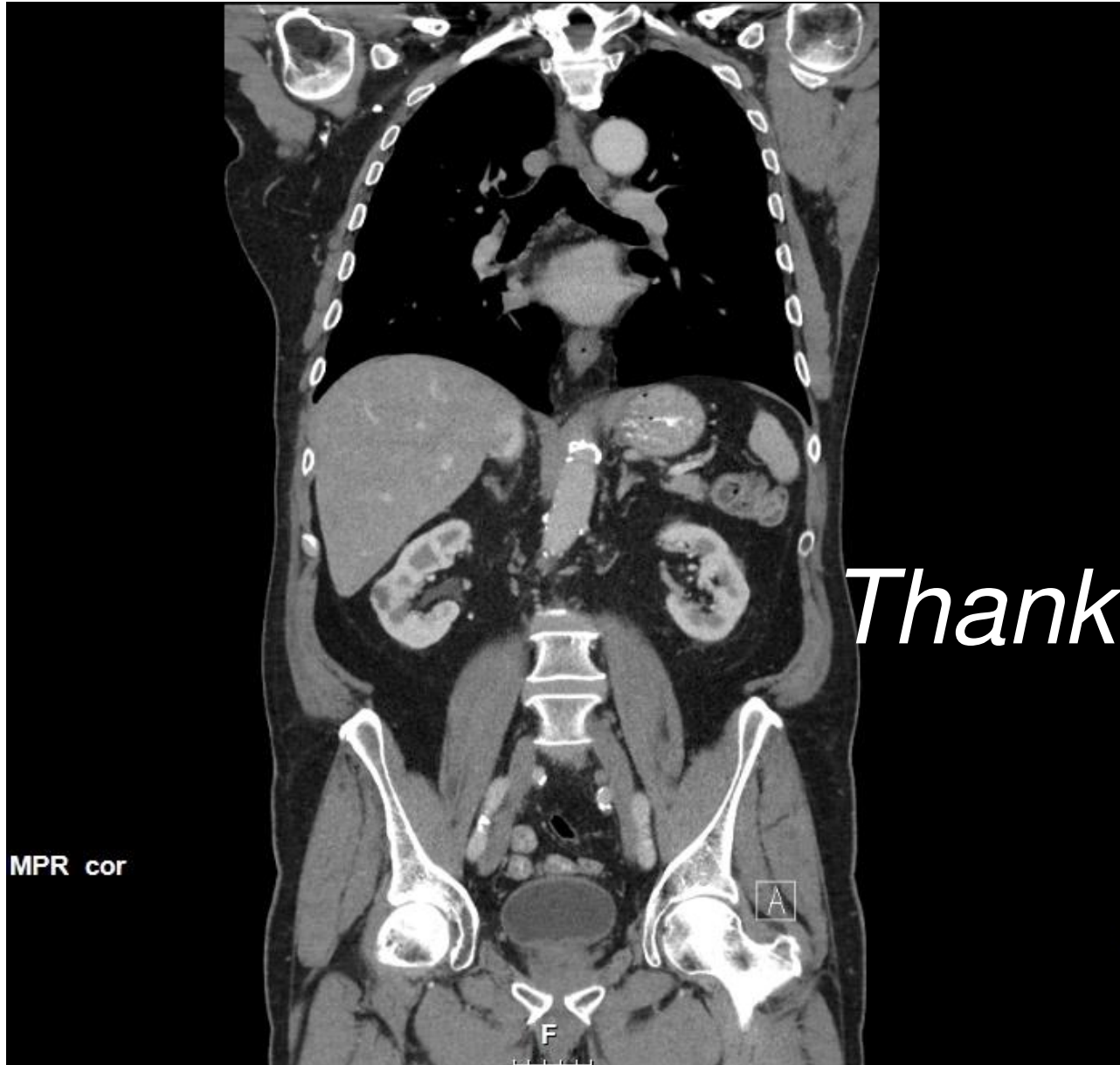
- Prospective data supports active surveillance as a safe, non-inferior management strategy for patients with cT1a (<4cm) tumors
- Short-term growth rates are unreliable predictors of malignant potential
- Overall tumor size is our best predictor of outcome.
 - Intervention should not be based on growth rate in 1st year.
 - Consistent growth may indicate malignant potential.
- Renal mass biopsy has a role, but is not essential for AS

Suggestions for take home messages II

- Choose wisely
- Use deferred treatment more often
- Use active surveillance for all patients with SRM ≤ 2 cm
- Use active surveillance for all older patients (75 yy?/ life expectancy of 15 years)

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- Use expectancy for all older patients (75 yy life expectancy of 15 years)?



Thank you!