

Kidney Removal May Not Extend Cancer Patients' Lives

A new study indicates that patients 75 years or older who have confined kidney tumors do not live longer if they have their entire kidney removed. The research reveals that these patients typically have other medical problems of greater significance and that many should receive more conservative cancer-related care, such as observation or treatments that spare the non-cancerous parts of their kidneys. The study has been published online in *CANCER*, a peer-reviewed journal of the American Cancer Society.

The incidence of kidney cancer has been on the rise over the past decade, and the greatest increase has been observed in the later years of life. Physicians currently struggle with deciding which treatment – observation, kidney-sparing surgery or total kidney removal – will be most beneficial for elderly patients with localized kidney cancer.

To investigate whether nephrectomy improves survival when compared with active monitoring or kidney-sparing surgery, Steve Campbell, MD, PhD, of the Cleveland Clinic and his colleagues studied information from 537 patients with localized kidney tumors that were ≤ 7 cm in diameter and were detected at age 75 years or older. Twenty percent of these patients were closely observed, 53 percent had kidney-sparing surgery, and 27 percent underwent a nephrectomy.

After an average follow-up period of approximately four years, 28 percent of patients died. The most common cause of death was heart-related (29 percent). Cancer progression was responsible for only four percent of deaths. Older age and additional medical conditions increased patients' risk of dying during the follow-up period, but choice of treatment did not.

The analysis also revealed that patients who had a cancerous kidney removed experienced accelerated dysfunction of their remaining kidney. Kidney removal also appeared to increase patients' risk of dying from cardiovascular causes.

“Current research is indicating over-treatment of localized renal tumors, and our data suggests that active surveillance is a reasonable strategy and one that is greatly underutilized in the elderly population,” the authors wrote. They added that the potential benefit of kidney-sparing surgery in elderly patients who have the lowest risk for heart-related deaths and the greatest life expectancy warrants further investigation.

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