KIDNEY CANCER SURVEILLANCE NOT INFERIOR IN SRM

New data from a multi-institutional registry of prospectively enrolled patients with small renal masses (SRMs) demonstrate at 5 years that active surveillance with possible delayed intervention is not inferior to primary intervention.

The Delayed Intervention and Surveillance for Small Renal Masses (DISSRM) registry was started in 2009 to assess cancer-specific survival (CSS) in patients with newly diagnosed SRMs ≤ 4.0 cm who choose active surveillance or intervention (partial nephrectomy, cryoablation or radiofrequency ablation). Phillip Pierorazio and colleagues now report the 5-year analysis of CSS and overall survival in *European Urology*.

In all 497 enrolled patients, disease was initially confirmed on axial imaging using CT or MRI. After counselling, 274 (55%) chose to undergo primary intervention and 223 (45%) chose active surveillance. In the surveillance arm, SRMs were monitored using ultrasonography—initially every 6 months for 2 years followed by yearly imaging; patients could elect for delayed intervention at any time.

The median follow-up period of the study was 2.1 years. In the intervention and active surveillance group, overall survival was 98% and 96% at 2 years and 92% and 75% at 5 years ($P=0.06$), and CSS was 99% and 100% at 5 years, respectively. In regression modelling, surveillance was not predictive of overall survival or CSS.

Of the 223 patients who chose active surveillance, 36 progressed according to DISSRM protocol criteria: 34 because of an SRM growth rate of >0.5 cm/year and two because of a tumour diameter >4.0 cm. In total, 21 patients in the active surveillance arm received delayed intervention; six experienced progression and 15 elected to receive treatment. Progression-free survival was 95% at 2 years and 67% at 5 years. Age and Eastern Cooperative Oncology Group score ≥ 2 were predictive of progression while on active surveillance (HR 1.03 and HR 2.3, respectively).

Although the follow-up period in the data analysis is relatively short, enrolment into the DISSRM registry continues, and more mature data—especially regarding oncological outcomes—should become available in the future.

Clemens Thoma

Original article Pierorazio, P. M. *et al.* Five-year analysis of a multi-institutional prospective clinical trial of delayed intervention and surveillance for small renal masses: the DISSRM registry. *Eur. Urol.* doi:10.1016/j.eururo.2015.02.001