Abstract

“Recurrence Patterns, Follow-up and Recurrence Management in Renal Cell Carcinoma

Background:

Global incidence of renal cell carcinoma (RCC) is estimated at 338000 cases yearly with 15-20% of patients having metastatic disease (mRCC) at diagnosis. Contemporary studies show that for patients with localized RCC receiving curative treatment, distant or local recurrences develop within five years in about 20-30% of cases. Unfortunately, recurrence is often multifocal and with the currently available systemic therapeutic options complete disease eradication is unlikely. However for some patients complete local treatment of limited local or distant recurrence may result in prolonged overall survival and potentially cure.

Aims, Methodology and Findings:

The aim of the first publication was to assess outcomes of local treatments, i.e. metastasectomy, radiotherapy or ablative therapies, for the treatment of RCC metastasis. A systematic review (SR) was performed with the aim of elucidating whether local treatment of RCC metastases was beneficial [1]. In summary the SR suggested better survival and
symptom control in patients offered local treatments compared to patients receiving incomplete metastasectomy, systemic treatment alone or only best supportive care.

The aim of the second publication was to assess the five year follow-up (FU) of RCC patients in Sweden between 2005 and 2009 with focus on recurrences and their management [2]. The study showed a decrease in mRCC at diagnosis compared to earlier studies, a decrease also in recurrence rates in patients with M0 at diagnosis and finally that treatment of RCC recurrence was oncological in 50%, metastasectomy in 17% and no tumor specific treatment in 27% of cases. This research was register based with inherent risks of biases, but with the novel aspect of providing recurrence rates and treatments in a contemporary population-based setting.

The aim of future publications is to focus on FU after curative treatment of M0 RCC and further management once a recurrence is detected. Data has been collected in a multicenter setting involving 1665 patients. Based on risk of recurrence stratification (low, intermediate and high risk), the frequency and type of FU imaging performed, patient characteristics and disease-free survival following local treatment with curative intent will be investigated to assess if FU impacts on survival and symptom prevention.

List of publications: