The sequence of cytoreductive nephrectomy: glass half empty or glass half full?

We would like to respond to the editorial 'Benefit of cytoreductive nephrectomy in metastatic RCC: do we learn from retrospective studies and small prospective studies?' by Bernard Escudier [1]. We agree with many aspects of the editorial, there is one issue that we would like to clarify. The editorial correctly points out that a large proportion of patients treated with upfront sunitinib in our publication did not go on to have nephrectomy (30%) [2]. However, we feel the safety concern raised regarding this may not be justified. On reviewing our manuscript, we felt that we did not pay this point an adequate attention and would like the opportunity to address this. Our meta-analysis on safety and efficacy of presurgical sunitinib was carried out on patients with intermediate and poor MSKCC risk factors in two prospective trials [2]. The protocols of both studies dictated that symptomatic patients with progressive disease should not undergo nephrectomy. This accounted for the majority of the cases that did not have nephrectomy (63%). Recent data from American Society of Clinical Oncology Genito-Urinary (ASCO-GU) Conference show that this group has a poor outcome irrespective of further treatment [3, 4]. Therefore, ‘selecting out’ these patients and sparing them nephrectomy may be attractive. Overall, no patients became ineligible for resection due to local disease progression and only one (2%) became medically unfit for surgery. Therefore, upfront therapy is not rendering patients unfit for surgery but may select out patients who have long-term benefit from targeted therapy [5, 6]. This may be considered a positive or ‘glass half full’ attitude to the ‘upfront targeted therapy approach’ and is one of the reasons why the randomised European Organisation for Research and Treatment of Cancer SURTIME study is important. It is our feeling that the CARMENA and SURTIME study ask different questions and together can address the question of targeted therapy and nephrectomy once and for all.

A. Bex¹ & T. Powles²

¹Department of Urology, The Netherlands Cancer Institute, Amsterdam, The Netherlands, ²Department of Medical Oncology, St Bartholomew’s Hospital, London, UK

(E-mail: a.bex@nki.nl)

disclosure

AB and TP have received honoraria for taking part in advisory board meetings of Pfizer and GlaxoSmithKline.

references


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