



## Re: Local Tumor Bed Recurrence Following Partial Nephrectomy in Patients with Small Renal Masses

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### EDITORIAL COMMENT

Majority of incidentally detected kidney tumors in contemporary series are small renal masses. Partial nephrectomy (PN) is the preferred method of treatment for most of these patients depending on the patient's medical status given the operation is technically feasible. In patients with a solitary kidney and bilateral disease at presentation, the indication for PN may be extended into more technically challenging tumors in order to avoid renal replacement therapy. On the other hand, trading oncologic principles for quality of life might translate into higher recurrence and lower survival rates. The authors have retrospectively reviewed the charts of 2,256 patients treated for PN in M.D. Anderson Cancer Center between 2000 and 2014 to examine the incidence, characteristics and treatment of patients with tumor bed recurrence after PN. Tumor bed recurrence was strictly defined as detection of a new enhancing lesion in the surgical defect or in the same region as the PN site. They identified 44 (1.9%) patients with local tumor bed recurrence and compared these to 163 randomly selected patients without recurrence. Median time for recurrence was 23 months (range 2 to 107). A solitary kidney at PN, positive surgical margins, multiple tumors, higher nephrometry score, and higher pathological stage were associated with tumor bed recurrence. Technical refinements not to tip the balance between nephron preservation and adequate cancer control, and management and prognosis of patients with tumor bed recurrence are issues that need further consideration.

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