Active Surveillance for Small Renal Masses

A dramatic rise in the use of CT scans and MRIs over the last 20 years has resulted in the incidental diagnosis of thousands of small kidney (renal) masses. Many of these masses are benign (non-cancerous). Many small renal masses grow very slowly and have a low potential to spread to other organs (metastasize) over several years. All treatment options for renal masses pose some risk. The recognition that surgical treatment of small renal masses in some patients can result in greater risk than closely monitoring the masses over time has led to the concept of active surveillance.

Active surveillance is the ongoing close monitoring of a patient who has been diagnosed with a small kidney (renal) mass and who elects not to have immediate surgical treatment. Active surveillance is often recommended in the following situations:

- The kidney tumor is small and has a low probability of being cancer.
- The patient is elderly or otherwise cannot tolerate surgery and/or other treatments.
- The patient has a short life expectancy and is unlikely to be harmed from kidney cancer.
- The patient elects not to undergo any of the traditional or newer treatments.

Recent evidence shows that most small kidney tumors grow very slowly and do not show evidence of spread in the short term and, therefore, can be safely observed and treated in a delayed manner when necessary. The UCLA Active Surveillance Program for Small Renal Masses formalizes the management and follow-up protocol for patients presenting with small tumors who are medically unfit or who defer immediate surgical treatment by providing a schedule of dedicated CT or MR scans, baseline chest x-ray, tumor biopsies, as well as other imaging tests to determine whether the lesion is growing and may require treatment or surgery. Active surveillance is an active process. Coordinating the radiographic imaging with routine discussion with your doctor is critical to the success of active surveillance. If the kidney mass should grow or change in character, then intervention may be required.

Candidates:

There are a number of factors that are involved in determining the type of treatment that is best for a small renal mass. Considerations include, but are not limited to, the size and general radiographic appearance of the mass, the overall age and health condition of the patient, overall kidney function, the number of lesions in the kidney, and personal preferences of the patient.

The smaller the kidney mass, the better suited it is for active surveillance (observation). Smaller kidney masses are less likely to be aggressive cancer. The best candidates for active surveillance are older patients who have existing medical problems. These patients have a higher risk of having complications from surgery and, therefore, may benefit from close radiographic monitoring of their kidney mass. If the kidney mass remains the same size or has a minimal change in size, then active surveillance (observation) is continued. If the size of the mass increases beyond a defined threshold, treatment options such as a minimally invasive surgery, ablation, laparoscopic partial nephrectomy, or laparoscopic radical nephrectomy may be necessary.

Advantages of Active Surveillance:

The major advantage of active surveillance is that no immediate procedure is required and, therefore, does not pose any risk of complications that can be associated with surgery. The major risk is that a tumor might spread while under observation. We understand that active surveillance is not for everyone. Please be sure to discuss all treatment options with your UCLA physician.