Dear Sir,

We read with great interest the paper by Black et al. [1]. These authors studied the survival of 6 patients with bilateral renal cell carcinoma who underwent radical nephrectomy and renal replacement therapy and found a survival rate of 44% over a 5-year period.

We performed the same study. We sent a questionnaire to 204 French dialysis centers in order to determine the survival of these patients. Responses were obtained from 103 dialysis centers, allowing us to review 31 cases of bilateral nephrectomy for renal carcinoma, 9 synchronous and 22 asynchronous bilateral renal carcinomas with a mean interval of 68 months between the two tumors. There were 21 males and 10 females with an average age of 53 years. All had bilateral nephrectomy and required hemodialysis or continuous ambulatory peritoneal dialysis. In 13 cases metastases were detected before nephrectomy. Metastases appeared at an average of 11.5 months following bilateral nephrectomy in 8 patients. Twenty-two patients died. Thirteen patients died of cancer progression, 5 of other causes unrelated to the cancer, and 2 of an unknown cause. Two patients were transplanted after 15 and 16 months on dialysis, respectively, they died 11 months later. The overall actuarial survival after bilateral nephrectomy shows survival rates of 70% for 1 year, 48.5% for 2, 23% for 3, and 16.1% for 4 and 5 years (fig. 1). Survival was longer in patients with synchronous as compared to asynchronous bilateral renal carcinoma. For the majority of these patients the quality of life seemed not much different from the overall dialysis population.

1 We gratefully acknowledge the cooperation of the dialysis centers which have returned the questionnaire.

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Time, months

Fig. 1. Actuarial survival of 31 patients on dialysis after bilateral nephrectomy for bilateral renal cancer.

In the literature, for patients with bilateral renal cancer, nonsurgical measures or partial nephrectomy -when possible – show contradictory results. It is obvious that the prognosis
depends on the extent of the tumor when the diagnosis is established or when treatment begins. Up to now surgical treatment seems to give better results than nonsurgical measures. Our results are not as good as those of Black et al. [1]. This may be due to the fact that their study involved fewer patients than our study. We agree, however, with their conclusion that radical nephrectomy followed by chronic dialysis is a recommendable treatment for patients with bilateral renal cell cancer when a partial nephrectomy is not possible. In the future we will have to evaluate new treatment modalities such as α-interferon or interleukin 2 and lymphokine-activated killer cells [2].


References