



DOI: 10.1089/end.2009.1572

CROES COUNCIL

Chairman

Jean de la Rosette, M.D.
Amsterdam (The Netherlands)

Adrian Joyce, M.S.
Leeds (UK)

Stavros Gravas, M.D.
Larissa (Greece)

Margaret Pearle, M.D.
Dallas, TX (USA)

Dean Assimos, M.D.
Wake Forest, NC (USA)

Ying-Hao Sun, M.D.
Shanghai (China)

Tadashi Matsuda, M.D.
Osaka (Japan)

TREASURER

John Denstedt, M.D.
London (Canada)

OFFICE MANAGER

Sonja van Rees Vellinga
Amsterdam (The Netherlands)
info@croesoffice.org

MISSION

Through worldwide collaboration, CROES seeks to assess, using evidence based scientific methodology, the various aspects of clinical endourology.

VISION

By applying rigorous scientific evaluation to the field of clinical endourology, CROES will enable all urologic surgeons to bring to their patients the most effective and efficient care possible.

PROJECTS

- Global PCNL study
- Global URS study
- Global Greenlight Laser study
- Global Renal Mass study
- Global NBI study

CONTACT

For more information please contact Sonja van Rees Vellinga (info@croesoffice.org).



GLOBAL RENAL MASS STUDY—A PROSPECTIVE INTERNATIONAL STUDY ON INDICATIONS, TREATMENT MODALITIES, AND OUTCOMES

Pilar Laguna and Stavros Gravas

Over the last 10 years, we have witnessed an increasing interest in the management of renal masses. Three main reasons are responsible for this: the increasing diagnostic incidence which leads to the incidental discovery of small renal masses, the development and consolidation of partial nephrectomy and minimal invasive surgical treatments (the latter including both a laparoscopic approach and ablation techniques) and the increasing trend to nephron sparing surgery.

A major force for changing the approach to the management of small renal masses has been the observed stage migration of renal masses at initial presentation. Analysis of a large European cohort showed that the general incidence of surgically removed renal cancers increased from 6.2 to 7.5 per 100,000; the incidence of T1 tumors increased from 36.6% to 44.2%, and the advanced tumors decreased from 46.4% to 33.7% during the period 1995–2005.¹ A review of the Surveillance, Epidemiology, and End Results (SEER) registries demonstrated a similar trend with a 52% increase in the incidence of kidney cancer between the years 1983 and 2002.² Coupled with the increase in incidentally-detected small renal masses, minimally invasive treatment strategies have been introduced in an attempt to decrease treatment-associated morbidity. While nephron-sparing surgery remains the standard of care for renal masses <4 cm, ablative therapies and active surveillance protocols are gaining acceptance, especially in the management of elderly and frail patients.

The increasing insight into the pathology and changes in the clinical presentation of renal masses as well as changes in the surgical and systemic treatment of renal tumors justifies a prospective study on the current indications and outcomes of treatment for renal masses. There are some fundamental differences concerning the indications for surgery and the technique used, mainly based on experience and institutional characteristics. Those factors may modulate oncological and quality of life outcomes. Similarly, specific patient and technical factors may influence treatment-related morbidity.

In this prospective study we aim to assess on a global basis the indications, treatment modality, and outcomes of surgical treatment for renal masses including (open/laparoscopic/robotic) radical or partial nephrectomy and (percutaneous/laparoscopic assisted) tumor ablation using cryo or radiofrequency. Each center participating in this project will include during a one-year period all the patients treated at their site with a diagnosis of a renal mass. Furthermore, in the frame of a prospective evaluation the centers will commit themselves to provide follow-up data for a minimum of 5 years after inclusion.

Data collection and analysis

1. Study initiated from each site once the first patient is enrolled. Each center will close its participation exactly one year after inclusion of the first patient.
2. There is no minimum or maximum number of sites participating in this study; however, all sites must receive prior approval of the CROES council.

3. Electronic database will be maintained at the central data collection site and shall be updated on a regular basis. A manager at the central data collection site will maintain and coordinate the data collection.
4. The members of the study group will receive feedback on the data collected on a regular basis.

Primary study objectives:

1. To assess the current patterns of surgical or instrumental treatment and indications for RCC treatment.

Secondary study objectives:

1. To assess perioperative morbidity (30 days) by using the Clavien score.
2. To assess operative complications.
3. To define risk factors for the development of operative and perioperative morbidity after instrumental treatment.
4. To assess the long term risk of renal insufficiency.
5. To assess pathological characteristics of the renal masses.
6. To assess quality of life related to the different treatment modalities.

Eventually collection on long-term follow up (10 years) would be recommended to all participating centers. Long-term data can be used to correlate initial pathology and treatment modality with oncological and functional outcomes as well as to test the predictive ability of different staging systems (TNM/Risk systems).

CROES embraces every center willing to participate in this project irrespective to the treatment modality it uses for the management of renal masses. It is evident that there is room for everybody and everything in the Global Renal Mass Study. At present over 100 sites worldwide have confirmed their participation in this most exiting and important project. CROES wants to reach out to all members of the Endourological Society to join this and other CROES projects. We conclude by quoting a recent editorial in *Journal of Endourology* 'with your contribution, CROES will be able to help each of us reach the ultimate goal of our professional career: to provide the absolute best, least invasive, quality of care for all patients. The time is now—with CROES, the ability is yours'.³

References

1. Kummerlin IP, ten Kate FJ, Wijkstra H, de la Rosette JJ, Laguna MP. Changes in the stage and surgical management of renal tumours during 1995–2005: An analysis of the Dutch national histopathology registry. *BJU Int* 2008;102:946–951.
2. Hollingsworth JM, Miller DC, Daignault S, Hollenbeck BK. Rising incidence of small renal masses: A need to reassess treatment effect. *J Nat Cancer Inst* 2006;98:1331–1334.
3. De la Rosette J. A platform for global endourological research. *J Endourol* 2009;23:1551–1553.

- Ongoing projects are: the Global PCNL observational study, the Global Greenlight Laser observational study, the Global Ureteroscopy study, and the Global Renal Mass study.
- For further information please visit: www.croesoffice.org or contact the Office Manager of CROES, Mrs. Sonja van Rees Vellinga (info@croesoffice.org).

This article has been cited by:

1. 2010. *Journal of Endourology* 24:8, 1203-1205. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]