Renal function testing in the era of chronic kidney disease: a fresh focus on patient treatment focusing on renal function

WC Miller[1, 2], Andrew C[2], Marry W. Henry M.D[1], Paul Russo MC[1], Jared A[3], Katz C[3], James bier K[4], Gue Simmons [1, 2]

[1] RAND Corporation, Pittsburgh, Pennsylvania

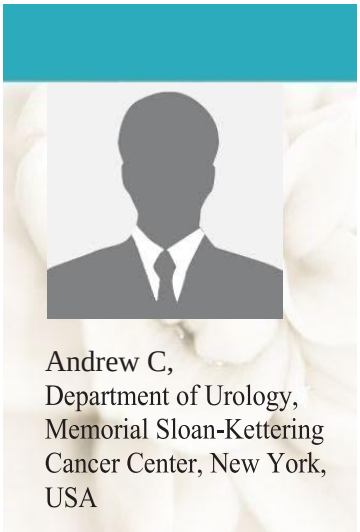
[2] Department of Urology, Memorial Sloan-Kettering Cancer Center, New York, USA

[3]Stromalab, Toulouse, France [4]PharmadeV, Toulouse, France

Abstract (Limit 600 words)

The International Society of Urological Pathology consensus conference on renal neoplasia's classification working group was tasked with producing suggestions for additions and revisions to the present World Health Organization Classification of Renal Tumors (2004). Members of the group conducted a thorough literature research, evaluated the preconference survey data, and took part in the consensus conference discussion and polling activities. Based on the above inputs, it was decided that tubulocystic renal cell carcinoma (RCC), acquired cystic disease–associated RCC, clear cell (tubulo) papillary RCC, MiT family translocation RCCs (in particular t(6;11) RCC), and hereditary leiomyomatosis RCC syndrome–associated RCC should be recognised as new distinct epithelial tumours within the classification system. From 1989 to 2000, we compared all patients who had PN or RN for renal tumours 4 cm or smaller in the context of a normal contralateral kidney. A serum creatinine value of more than 2.0 mg/dL was regarded as creatinine failure. Diabetes, hypertension, the American Society of Anesthesiologists score, age, preoperative creatinine, and smoking history were all evaluated between the two groups as risk factors for renal insufficiency.Thyroid-like follicular RCC, succinate dehydrogenase B deficiency–associated RCC, and ALK translocation RCC are three uncommon carcinomas that were deemed emergent or tentative novel entities. There was consensus that papillary RCC subtyping is beneficial and that the oncocytic variety of papillary RCC should not be regarded a separate entity.

A child with cystinosis had one of the highest enzyme/creatinine ratios. These findings suggest that NAG enzymuria is a sensitive indication of renal disease activity and might be used as a screening test for serious renal disease or damage in children. Advanced renal cell carcinoma, once thought to be incurable, has progressed in the last decade to become a malignancy that may be curable. The unambiguous and unequivocal confirmation that IL-2 causes long-term full remissions is the first proof of this potential. Future treatments for renal cell carcinoma will combine new immunological technologies, such as gene, dendritic cell, vaccination, and antibody therapy, based on this immunotherapeutic strategy.



Andrew C,
Department of Urology,
Memorial Sloan-Kettering Cancer Center, New York, USA

THE SOCIETY of MEMORIAL SLOAN KETTERING CANCER CENTER

LinkedIn
Facebook
Twitter

Biography (Limit 200 words)

Andrew C is a Senior Nurse Therapist and a researcher who has developed a technique called Rebinding of the Body which helps people recover from trauma,

learn self-help techniques and lead more productive lives. Andrew C is currently at the Department of Urology, Columbia University College of Physicians and Surgeons, Herbert Irving Comprehensive Cancer Center, 161 Fort Washington Avenue, New York, NY 10032. His intersubjective ethnographic study has been published in a text called, "Women, Trauma and Alcohol Dependency, Connection and disconnections in alcohol treatment for women". She has published several articles in child and family psychiatry including an extensive literature review called "The Health Impact of Childhood Trauma".

About Research Topic (Limit 200 words)

All of the patients were clinical Stage T1-2,N0, M0 at the time of surgery, with a mean age of 61 years (range 27 to 92). There were 15 individuals (9.6%) who had perioperative problems. No patient experienced a laparoscopic port site or renal fossa tumour recurrence over a mean follow-up of 19.2 months (range 1 to 72; 51 patients with 2 years or more of follow-up). One patient had a local recurrence, while four others acquired metastatic illness. The actuarial disease-free rate after five years was 91 percent 4.8. (SE). There had been no cancer-related deaths since the last follow-up. It is possible to treat localised renal cell cancer using laparoscopic surgery. Short-term findings show that laparoscopic radical nephrectomy does not enhance the incidence of port site or retroperitoneal recurrence. In the treatment of staghorn and difficult renal calculi, monotherapy with PCNL is safe and successful in a single hospital stay.

About Institution (Limit 200 words)

Memorial Sloan Kettering Cancer Center (MSK or MSKCC) is a cancer treatment and research institution in the borough of Manhattan in New York City, founded in 1884 as the New York Cancer Hospital. MSKCC is the largest and oldest private cancer center in the world, and is one of 51 National Cancer Institute–designated Comprehensive Cancer Centers. Memorial Sloan Kettering is affiliated with Cornell University's medical school. Its main campus is located at 1275 York Avenue, between 67th and 68th streets, in Manhattan. Memorial Hospital was founded on the Upper West Side of Manhattan in 1884 as the New York Cancer Hospital by a group that included John Jacob Astor III and his wife Charlotte. The hospital appointed as an attending surgeon William B. Coley, who pioneered an early form of immunotherapy to eradicate tumors. Rose Hawthorne, daughter of author Nathaniel Hawthorne, trained there in the summer of 1896 before founding her own order, Dominican Sisters of Hawthorne. In 1899, the hospital was renamed General Memorial Hospital for the Treatment of Cancer and Allied Diseases

References (15 to 20

1. Prospective randomized trial of interferon alfa-2a plus vinblastine versus vinblastine alone in patients with advanced renal cell cancer. J Clin Oncol1999; 17: 2859.
2. Long-term survival update for high-dose recombinant interleukin-2 in patients with renal cell carcinoma. Cancer J Sci Am2000; 6: S55.
3. Observations on the systemic administration of autologous lymphokine-activated killer cells and recombinant interleukin-2 to patients with metastatic cancer. N Engl J Med1985; 313: 1485.
4. Historical perspective: past, present and future. In: Renal and Adrenal Tumors—Biology and Management.
5. B. Bloom, B. Owen and S. S. Covington, Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders (United States, Department of Justice, National Institute of Corrections, 2003)
6. MacLennan GT, Farrow GM, Bostwick DG.Low-grade collecting duct carcinoma of the kidney: report of 13 cases of low-grade mucinous tubolocystic renal carcinoma of

possible collecting duct origin.Urology.1997; 50:679–684.

7. Nephrectomy followed by interferon alfa-2b compared with interferon alfa-2b alone for metastatic renal-cell cancer. N Engl J Med2001; 345: 1655.
8. J. Copeland and others, Evaluation of a Specialist Drug and Alcohol Treatment Service for Wom- en: Jarrah House, Technical Report No. 17 (Syd- ney, National Drug and Alcohol Research Center, 1993).
9. C. Kirk and K. R. Amaranth, "Staffing issues in work with women at risk for and in recovery from substance abuse",Women's Health Issues, vol. 8, No. 4 (1998), pp. 261-266.
10. D. Hedrich, Problem Drug Use by Women: Focus on Community-based Interventions (Strasbourg, Pompidou Group, 2000)
11. United States of America, Department of Health and Human Services, Substance Abuse and Men- tal Health Services Administration, Center for Substance Abuse Treatment, Intensive Outpatient Treatment for Alcohol and Other Drug Abuse, Treatment Improvement Protocol series No. 8 (Rockville, Maryland, 1994)
12. R. Fiorentine and others, "Drug treatment: ex- plaining the gender paradox", Substance Use and Misuse, vol. 32, No. 6 (1997), pp. 653-678.
13. Culleton BF, Larson MG, Evans JC, et al: Prevalence and correlates of elevated serum creatinine levels: the Framingham Heart Study. Arch Intern Med 159: 1785–1790, 1999
14. Kaplan EL, and Meier P: Nonparametric estimation from incomplete observations. J Am Stat Assoc 53: 457–467, 1958
15. Robson CJ: Radical nephrectomy for renal cell carcinoma. J Urol 89: 37–42, 1963.

NOTE: *This is a sample abstracts. Conference/Journal name will be changed while publishing respective abstract in supporting journal website.*