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Editorial Comment

Editorial Comment to Reassessment of the UICC revision of T3 renal cell carcinomas in a Japanese institute

The TNM staging system is a classification system for describing the disease progression in cancer patients. It defines local extension for primary tumor (T), involvement of regional lymph nodes (N) and the presence of distant metastases (M).¹

Based on a literature search, the TNM staging system for renal cell carcinoma (RCC) was reassessed in 2009. One of the most discussed issues is the prognosis significance of the cephalad extent of tumor thrombus. Cases with tumor thrombus in the renal vein where downstaged from T3b to T3a.

Many papers examining the accuracy of the 2002 and 2009 TNM staging system have been published. Some investigations have shown that there are no differences in the survival rate between renal vein versus inferior vena cava tumor thrombus, supporting the 2002 staging system.^{2,3} Conversely, others^{4,5} showed that there was better overall survival in patients with renal vein tumor thrombus compared with those with inferior vena cava involvement, as we described in a retrospective review of the International Renal Cell Carcinoma-Venous Thrombus Consortium, supporting the 2009 TNM staging system.⁶

In this article,⁷ the authors assessed if the new 2009 TNM staging system could be applied to T3 RCC in the Japanese population. They observed 99 patients with renal vein and inferior vena cava tumor thrombus from 1980 to 2009 at the University of Tokyo Hospital. After analyzing the three patient groups (perinephric fat invasion group T3a, thrombus in renal vein group T3a, thrombus in inferior vena cava group T3b) they concluded that there was no difference in overall survival between the first two groups, but there was a statistical survival difference between the T3b group and the T3a group, supporting the 2009 staging system in the Japanese population.

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Conflict of interest

None declared.

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