

TAKE HOME *Message*

Nephrectomy or Molecular therapy: Sifting the level of evidence

Translated from European Urology June 2017

The Management of metastatic Renal Cell Cancer is still controversial. Some bodies recommend to initiate molecular drugs (Tyrosine Kinase Inhibitors) before nephrectomy whereas data from the interferon era supports cytoreductive nephrectomy before initiating systemic therapy.

To solve this dilemma, two much awaited trials were underway. SURTIME and CARAMENA. This article updates us that both these trials were closed prematurely because of poor accrual.

So as physicians and surgeons we are still left with no option but to proceed with surgery primarily in any stage of Renal Cell Cancer.

CLINICAL *Vignettes*

Kidney Cancer : Renal Cell Carcinoma For your practice

1. THE BEST MANAGEMENT OF ANY STAGE OF KIDNEY CANCER IS SURGERY
2. THE INVESTIGATION OF CHOICE FOR DIAGNOSING RENAL MASS IS CECT
3. MRI IS INDICATED ONLY IN SUSPICION OF IVC INVOLVEMENT OR VERY LARGE MASS
4. ANY SUSPICIOUS RENAL CYST NEEDS PROMPT EVALUATION IF CYST IS LARGE HAS CALCIFICATION, SOLID COMPONENT, IS PAINFUL OR ASSOCIATED WITH HEMATURIA

DRUG *Rationale*

Testosterone Therapy in Testosterone Deficiency For your practice

Testosterone replacement is indicated in men with proven testosterone deficiency. Early morning testosterone measurements are the best.

The best mode to replace testosterone are intramuscular injections given 3 weekly intervals.

Routine monitoring of LFT and Serum PSA are essential. Oral testosterone does not cross hepatic metabolism and may cause severe toxicity

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PROSTATE SURGERY

-TURP

-LASER PROSTATE

-PROSTATE CANCER

KIDNEY STONE SURGERY

-PCNL

-URS

-RIRS

-ESWL

MALE ORGAN SURGERY

-VASECTOMY

-PENIS CANCER

-CIRCUMCISION

-PENILE IMPLANT

UROLOGY CANCER

-KIDNEY CANCER

-BLADDER CANCER

-TESTIS CANCER

-PENIS CANCER

UROFLOWMETRY

URINE AND SEMEN LAB

LAPAROSCOPY

PYELOPLASTY

UNDESCENDED TESTIS

FEMALE UROLOGY

UTI