

Was capsule penetration of locally advanced renal cell carcinoma associated with recurrence in patients undergoing curative surgery?

Fang-Wei Chou^a, Wen-Hsun Chang^{a,b,c}, Peng-Hui Wang^{a,c,d,e,*}

^aDepartment of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC; ^bDepartment of Nursing, Taipei Veterans General Hospital, Taiwan, ROC; ^cInstitute of Clinical Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan, ROC; ^dDepartment of Medical Research, China Medical University Hospital, Taichung, Taiwan, ROC; ^eFemale Cancer Foundation, Taipei, Taiwan, ROC

DEAR EDITOR,

We read the recently published article in the April issue of the *Journal of the Chinese Medical Association* entitled “Predictive factors for disease recurrence in patients with locally advanced renal cell carcinoma treated with curative surgery” with much interest.¹ The authors attempted to identify the factors associated with recurrence in 159 patients with locally advanced renal cell carcinoma treated with curative surgery and finally they found that Fuhrman grade of 3 or 4 was a critical and independent factor associated with recurrence in these patients (hazard ratio 5.70, 95% CI 2.2–14.6).¹ We congratulate the success of their publication. However, we have a question about the authors’ discussion to claim that locally advanced renal cell carcinoma with capsule penetration was significantly associated with recurrence after curative surgery, while a positive surgical margin, a pathological T stage higher than T3a, and administration of adjuvant targeted therapy were not significantly related to disease recurrence.¹ Could the authors kindly explain the above-mentioned sentence?

Furthermore, we would be interested to know whether the independent predictor would be still similar or not if the study subjects were limited to T3a cases (n = 134). We found that adjuvant targeted therapy was applied in 22 patients, although the detailed information of these subjects was not shown by authors. We believed that the majority of these patients had a higher pathology T stage (>T3a), since co-existence of many risk factors may be directly associated with a higher pathology T stage. Therefore, if the authors could provide the results obtained from

these 134 T3a patients, the audience may learn much more when we deal with the patients with similar clinical state in future clinical practice. In fact, locally advanced cancers,^{2–5} regardless whether these tumors are located, cervical cancer as an example, are still a biggest challenge for physicians and patients, since both surgery and radiation therapies may be applied, although some tumors favor the definite surgical approach, as shown in the current article, and some tumor may favor the definite concurrent chemoradiation. Therefore, our comments are not against the value of Dr. Chang’s finding. We are looking forward to see the positive response of authors. Thanks.

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*Address Correspondence. Dr. Peng-Hui Wang, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, 201, Section 2, Shi-Pai Road, Taipei 112, Taiwan, ROC. E-mail address: phwang@vghtpe.gov.tw; pongpongwang@gmail.com (P.-H. Wang).

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