

Delaying Cancer Cases in Urology during COVID-19: Review of the Literature. Reply.

Isamu Tachibana, and Chandru P. Sundaram

Indiana University School of Medicine, Indianapolis, Indiana

To the Editor: We appreciate the comments and read with great interest the impact of COVID on the medical care in Italy. The economic burden can be significant in the setting of metastatic disease not only for medical systems but for individuals with axitinib-pembrolizumab having a mean cost of \$562,927 or nivolumab-ipilimumab having a mean cost of \$458,961 in the United States.¹ All factors, including clinical staging, appearance on imaging, nephrometry score, medical history and renal mass biopsy should be considered to treat patients while disease is still localized, and avoid increasing the risk of progression. Renal mass biopsy does have a role in cases where the results of the biopsy could provide information that would impact decision making regarding the indication for surgery or potential delay in surgery. Renal mass biopsies have high success rates as mentioned, and when compared to nomograms, are superior to confirm pathology.² However, there are some caveats to consider for diagnostic ability of renal mass biopsy. Diagnostic rates have been affected by smaller masses, longer skin to tumor distance, cystic masses, and less enhancement of contrast images.³ Another potentially worrisome issue may be the possible discordance in grade of the malignancy in the biopsy compared to the final surgical specimen. In terms of grade of tumor, studies have shown that the accuracy of biopsy ranges from 51.2% to 75.9%, with upgrading of 16% from low to high grade on the surgical pathology specimen.⁴ Renal mass biopsies can certainly contribute to evaluating patients for surgical management of renal masses to risk-stratify and identify patients who are at higher risk. If there are aggressive signs of disease, aside from the biopsy, it may still be prudent to proceed with surgical intervention in select cases. Surgical delays from COVID continue to provide challenges to hospital systems and the priority should be to make sure patients are not negatively affected by surgical delays.

This is the author's manuscript of the article published in final edited form as:

Tachibana, I., & Sundaram, C. P. (2021). Delaying Cancer Cases in Urology during COVID-19: Review of the Literature. Reply. *The Journal of Urology*, 205(5), 1536. <https://doi.org/10.1097/JU.0000000000001644>

1. Watson TR, Gao X, Reynolds KL et al: Cost-effectiveness of pembrolizumab plus axitinib vs nivolumab plus ipilimumab as first-line treatment of advanced renal cell carcinoma in the US. JAMA Netw Open 2020; 3: e2016144.
2. Osawa T, Hafez KS, Miller DC et al: Comparison of percutaneous renal mass biopsy and R.E.N.A.L. nephrometry score nomograms for determining benign vs malignant disease and low-risk vs high-risk renal tumors. Urology 2016; 96: 87.
3. Prince J, Bultman E, Hinshaw L et al: Patient and tumor characteristics can predict nondiagnostic renal mass biopsy findings. J Urol 2015; 193: 1899.
4. Marconi L, Dabestani S, Lam TB et al: Systematic review and meta-analysis of diagnostic accuracy of percutaneous renal tumour biopsy. Eur Urol 2016; 69: 660.