Preoperative chronic kidney disease before radical cystectomy as predictor of oncological outcomes: a pick of the iceberg?

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Dear Editor,

We read with interest the paper by Akihiko Matsumoto dealing with preoperative chronic kidney disease as a predictor of oncological outcomes of radical cystectomy for bladder cancer [1].

We are grateful to the authors for their innovative study and recognize that they should be commended for their attempt to provide a scientific support to an idea with a fascinating biological rationale. However, we would like to point out several limitations of the study that in our opinion make the results rather difficult to apply to clinical practice.

1. We do not have data about the presence of two kidneys (did the patients undergo previous nephrectomies for other disease?)
2. No information is provided regarding other comorbidities, which might have influenced the oncological outcomes. Moreover, frail patients might have been treated less intensively with consequently worse outcome.
3. More importantly, there is no data regarding the presence of tumor-related hydronephrosis and its association with the tumor stage. The well-known natural history of high grade muscle invasive bladder cancer, especially in certain locations, is hydronephrosis due to a distal ureteral obstruction. This might be a basic explanation for renal impairment which correlates with the tumor stage and the eGFR impairment [2–4].
4. There is no mention of postoperative eGFR and how this might have influenced survivorship. In several cases, a dete-

rioration of eGFR after surgery or during follow-up might have a detrimental impact on cancer-related outcomes as well.

5. Finally, as correctly stated by the authors, the receipt of adjuvant therapies is likely different in patients with or without kidney disease. Therefore, summarizing all the possible adjuvant therapies under a single definition is not a precise practice. As we know, more effective chemotherapeutic regimens (such the cisplatin-based chemotherapy) cannot be administered to patients with impaired renal function and this difference in chemotherapy (CHT) regimens could act as a confounder [5].

In our opinion, future studies on this subject must provide more details of potential confounding factors to clarify the magnitude of this biological phenomenon. Moreover, the development of effective medical therapies for patients who cannot undergo conventional CHT because of impaired renal function is clearly needed.

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