

Quality improvement of reporting standards for ablative studies: where do we stand?

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Long et al follow up on a meta-analysis of the cryoablative literature by assessing the issue of patient selection.^{1,2} The authors chose to focus their analysis on tumor location—which, aside from surgical risk—is probably the most important factor in patient selection of modality of treatment for small renal masses.³ In a comprehensive survey of the literature and of reports by urologists and radiologists alone, as well as interdisciplinary investigations, they found, in general, poor reporting of tumor location, and with worse reporting by urologists. The reasons for this are unclear and we don't know whether this is a time-dependent phenomenon, or just a specialty-driven phenomenon.

Of course the authors also beg the question—what about reporting of comorbid condition/risk status (performance status, Charlson score)? They chose not to answer the other important component of patient selection. However, they highlight an important limitation in the quality of the ablative literature—namely the poor quality of the data.

Indeed, this problem is not unique to the ablative literature—only one prospective randomized clinical trial exists comparing radical and partial nephrectomy, for example.⁴ Furthermore, lack of uniform reporting of patient comorbid risk, uniform definitions of oncologic success and failure, and negative outcomes and long term sequelae, make interpretation of the ablative literature—surgical and percutaneous—potentially problematic, and if anything likely hinder expanded adoption of ablative technology.

A number of reports have been published in the excisional literature which examine utility of nephrometric measurements for risk stratification, surgeon choice, and complications.^{5,6} To date, literature examining thermal ablation with standardized nephrometric tools is sparse. The authors, some of whom have pioneered the seminal development of nephrometric analysis of renal neoplasms,⁷ make the important point of calling for a wider reporting and utilization of standardized nephrometric scores in analysis of ablative modalities for treatment of renal tumors. This call should be broadened for a general improvement in the quality of reported data in several other areas where standardized criteria exist—which would enhance the understanding of not only selection criteria, but of outcomes and complications as well. □

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