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RENAL-SPARING SURGERY FOR MULTIFOCAL, BILATERALLY-PREDISPOSED UNILATERAL WILMS TUMOR.

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Declarations of interest: none.

We read with great interest the article by Romero and colleagues.[1] The Authors must be commended for their excellent surgical technique and for their clampless nephron-sparing approach to multiple unilateral renal masses, which turned out to be hyperplastic nephrogenic rests (hyperplastic nephrobalstomatosis) rather than multifocal Wilms' tumor as originally suspected.

Since 1996, we proposed a clampless nephron-sparing approach in some children with Wilms' tumor, obtaining renal ischemia via manual parenchymal compression.[2] In addition, in 2004 we proposed a protocol for the treatment of hyperplastic nephrobalstomatosis.[3]

We treated with curative-intent chemotherapy multiple unilateral or bilateral renal masses, which appeared homogeneous on imaging, until complete regression was achieved. Stabilization or progression of the lesions, as well as heterogeneous changes on imaging, prompted nephron-sparing surgery. Tumor response after initial chemotherapy was very good in the present case, so further chemotherapy could have been administered instead of directly proceeding with surgery that may be unnecessary. A similar approach to ours is currently recommended by both the 2 major international protocols for pediatric kidney cancer, i.e. the Umbrella Protocol SIOP2016 and the COG AREN0534.

Sincerely,

REFERENCE LIST

1) Romero NG, Walker J, Cost NG, Saltzman AF. Partial nephrectomy for multifocal, unilateral Wilms tumor in a patient with hemihypertrophy. *Urology.* 2019 Aug 9. pii: S0090-4295(19)30706-X. doi: 10.1016/j.urology.2019.07.031.
2) Cozzi F, Schiavetti A, Bonanni M, Cozzi DA, Matrunola M, Castello MA. Enucleative surgery for stage I nephroblastoma with a normal contralateral kidney. *J Urol.* 1996;156:1788-91; discussion 1791-3.
3) Cozzi F, Schiavetti A, Cozzi DA, et al. Conservative management of hyperplastic and multicentric nephroblastomatosis. *J Urol.* 2004;172:1066-9; discussion 1069-70.