

61. Renal Pelvis and Ureter

Authors

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Emerging Prognostic Factors for Clinical Care

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.¹ Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Risk Assessment Models

Recommendations for Clinical Trial Stratification

Important considerations for patient selection and stratification in the design of clinical trials in the perioperative, front-line, and refractory settings include cisplatin eligibility (including renal function and presence of peripheral neuropathy) and performance status.²⁻⁴

For perioperative trials, stratification should consider not only staging, but also the aforementioned clinical prognostic variables and molecular phenotype.

Therapy for metastatic urothelial cancer failing initial systemic therapy is particularly challenging and represents a substantial unmet need. These patients should be categorized separately from patients without prior systemic therapy. A retrospective analysis of pooled prospective phase II trials (n = 570) in the second-line setting has additionally shown that baseline performance status, hemoglobin, presence or absence of liver metastases, and time from prior chemotherapy were significant prognostic factors. More recently, serum albumin also has been validated as a prognostic factor in the second-line setting.⁵

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