Prognostic variables and nomograms for renal cell carcinoma

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The term renal cell carcinoma (RCC) is used to describe a heterogeneous group of tumors that vary histologically, genetically and molecularly. Risk factors predicting RCC behavior, in addition to histologic subtype, include tumor size, tumor stage, tumor grade, patient age, mode of presentation, and other laboratory indices. It is now possible to use nomograms which incorporate these various features in order to help define individual patient prognosis and direct optimal therapy.

AUA policy regarding PSA

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Prostate Cancer is the most common non-skin cancer in the United States. Prior to the emergence of PSA testing in the United States only 68% of newly diagnosed men had cancer localized to the prostate; 21% had metastatic disease; and 48% of cancers were clinical stages T1A to T1C. After the emergence of PSA testing in the United States, deaths from prostate cancer in the United States have decreased by 40% over the past decade—a greater decline than any other cancer in the United States. This presentation will focus on the impact that PSA testing has had on reducing the number of deaths in the United States from prostate cancer as well as the need for early detection, and the American Urological Association’s clinical guidelines on PSA.